

Sanctuary Care Limited

Don Thomson House

Inspection report

Low Road
Dovercourt
Harwich
Essex
CO12 3TS
Tel: 01255 240978
Website: www.sanctuary-group.co.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	

Overall summary

Don Thompson House provides care for up to 28 older people who may be elderly and or have a physical disability. Some people are living with dementia. There were 22 people living in the service, when we carried out an unannounced inspection on 29 September 2015.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with including their relatives and visitors were complimentary about the service. They told us they received safe and effective care by staff who were attentive and kind. One person said, "I think this is the best home in the area. Staff are really good. People are treated with respect and made to feel like we matter."

Summary of findings

Procedures were in place which safeguarded the people who used the service from the potential risk of abuse. Staff understood the various types of abuse and knew who to report any concerns to.

Staff understood how to minimise risks and provide people with safe care. Procedures and processes were in place to guide staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how risks to people were minimised.

There were sufficient numbers of staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in the way they preferred. People were treated with kindness by the staff. Staff respected people's privacy and dignity and interacted with people in a caring and compassionate manner.

Appropriate arrangements were in place to ensure people's medicines were obtained, stored and administered safely. People were encouraged to attend appointments with other health care professionals to maintain their health and well-being.

The atmosphere in the service was friendly and welcoming. People received care that was personalised to them and met their needs and wishes. Staff listened to people and acted on what they said.

Care and support provided was individual and based on the assessed needs of each person. People's care records contained information about how they communicated, what was important to them and their ability to make decisions.

People or their representatives were supported to make decisions about how they led their lives and wanted to be supported. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests. The service was up to date with changes regarding the Deprivation of Liberty Safeguards (DoLS).

Staff supported people to be independent and to meet their individual needs and aspirations. People were encouraged to pursue their hobbies and interests and participated in a variety of personalised meaningful activities.

People's nutritional needs were being assessed and they were supported to eat and drink sufficiently. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring and respectful manner.

There was an open and transparent culture in the service. Staff were passionate about their work and they understood their roles and responsibilities. The management team demonstrated good leadership skills and staff said they felt valued and supported.

There was a complaints procedure in place and people knew how to voice their concerns if they were unhappy with the service. Systems were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was used to make continual improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff were knowledgeable about how to recognise abuse or potential abuse and how to respond and report these concerns appropriately.

There were enough skilled and competent staff to meet people's needs.

People were provided with their medicines when they needed them and in a safe manner.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills they needed to effectively carry out their roles and responsibilities. There was a programme of regular training in place to ensure staff continued to develop their skills and knowledge.

People were asked for their consent before any care, treatment and/or support was provided.

People were provided with sufficient food and drink to ensure they maintained a well-balanced diet and had access to relevant healthcare professionals, where required.

Good



Is the service caring?

The service was caring.

People who used the service and staff had developed positive, caring relationships. Staff were compassionate, attentive and considerate in their interactions with people.

Staff took account of people's individual needs and preferences. People's independence, privacy and dignity was promoted and respected.

People were involved in making decisions about their care and their families and or representatives were appropriately involved.

Good



Is the service responsive?

The service was responsive.

People's choices, views and preferences were respected and taken into account when staff provided care and support.

People's care was assessed and reviewed and changes to their needs and preferences were identified and acted upon.

People knew how to complain and share their experiences. There was a complaints system in place to show that concerns were investigated, responded to and acted on.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was an open and transparent culture at the service. People felt able to be themselves and speak with staff or the management team, if required. Staff were encouraged and supported by the management team and were clear on their roles and responsibilities.

The management team provided effective leadership in the service. Regular audits were carried out and robust records were maintained to assist with the delivery of high quality care.

People's feedback was valued and acted on. The service had a quality assurance system with identified shortfalls addressed promptly; this helped the service to continually improve.

Don Thomson House

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 29 September 2015 and was carried out by one inspector.

We reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other stakeholders, for example the local authority and members of the public.

We spoke with six people who used the service and received feedback from two relatives and one person's visitor. We reviewed three people's care records and other information, for example their risk assessments and medicines records, to help us assess how their care needs were being met.

We spoke with the provider's regional manager, the registered manager, the deputy manager, the cook, four care staff and the hair dresser. We also received feedback from two health and social care professionals; one who was visiting the service during our inspection.

We looked at records relating to the management of the service including safety of equipment, staff recruitment and training. We also looked at the systems in place for assessing and monitoring the quality of the service.

Is the service safe?

Our findings

People who used the service were relaxed and at ease in their surroundings and with the staff. They told us they were safe living in the service. One person said, "It's a very nice place. I have settled in nicely. I am not frightened living here. Another person commented, "Yes I feel very safe here. The staff are about if you need them and look out for you. The building is in good condition; safe and secure and like us living here, well looked after."

Systems were in place to reduce the risk of harm and potential abuse. Staff had received up to date safeguarding training. They were aware of the provider's safeguarding adults and whistleblowing procedures and their responsibilities to ensure that people were protected from abuse. Staff knew how to recognise and report any suspicions of abuse. They described how they would report their concerns to the appropriate professionals who were responsible for investigating concerns of abuse. Records showed that concerns were reported appropriately and steps taken to prevent similar issues happening. This included providing extra support such as additional training to staff when learning needs had been identified.

Risks to people injuring themselves or others were limited because equipment, including electrical equipment and hoists had been serviced and regularly checked so they were fit for purpose and safe to use. Regular fire safety checks and fire drills were undertaken to reduce the risks to people if there was a fire. Information and guidance was available at the reception desk to tell people, visitors and staff how they should evacuate the service if there was a fire.

People were protected from risks that affected their daily lives. For example, people had individual risk assessments which covered identified risks such as nutrition, medicines and accessing the local community. These contained clear instructions for staff on how to meet people's needs safely. People who were vulnerable as a result of specific medical conditions, such as dementia, had clear plans in place guiding staff as to the appropriate actions to take to safeguard the person concerned. This helped to ensure that people were enabled to live their lives whilst being supported safely and consistently. Staff were

knowledgeable about the people they supported and were familiar with the risk assessments in place. They told us and records seen confirmed that the risk assessments were accurate and reflected people's needs.

Staff understood people's needs and their individual risks and how these were safely managed. For example, staff took practical steps to minimise the risk to people when being hoisted and transferred to their wheelchair. We saw that staff explained their actions throughout and checked the person's well-being. This meant the person understood what was happening. We could see the person appeared comfortable and was safe during the process. On another occasion we saw a member of staff walking alongside a person who was using their Zimmer frame. The person was a little unsteady and at risk of falling, but had told staff they did not want to use their wheelchair to move around. The member of staff had respected the person's choice and suggested they walk with them to make sure they did not fall and remained safe. The person had agreed to this.

There were sufficient numbers of staff to care and support people according to their needs. This included answering call bells in a timely manner. One person said, "I have only used my call button [personal alarm to alert staff] a couple of times. Once when I lost my balance and fell. I pressed my button and they [staff] came right away and sorted me out. I like knowing I have the button to hand should it happen again. Another person said, "Not used my alarm that much as the staff know my routine. When I like to get up or go to bed and when I need help. Once or twice when I have used it they [staff] have come and helped me. Never been left waiting for too long."

The manager was able to demonstrate how they regularly assessed staffing levels in line with people's needs so that there were enough members of staff to provide good care at all times. Where people needed support to attend an appointment or to access the community, staffing levels were adjusted to take account of this. People told us and we saw that staffing levels were flexible to meet their changing needs. One person said, "If I want to go out then I let someone know and they make sure someone takes me. I used to go out a lot more but since my fall I have not gone out so much. It's never been a problem for someone to accompany me."

Discussions with the staff and management team told us that agency staff were not used to provide cover, as existing staff including the management team covered shifts to

Is the service safe?

ensure consistency and good practice. This meant that people were supported by people they knew and who understood their needs. Our conversations with people, staff and records seen confirmed there were enough staff to meet people's needs.

Suitable arrangements were in place for the management of medicines. People told us that their medicines were given to them on time and that they were satisfied with the way that their medicines were provided. One person said, "[Staff] will find me whenever it is time to take my pills. Otherwise I would forget. They give me a drink to help me take them and then go off somewhere to write it all down. Think that's so they can keep an eye on what I have had and order more in when I need it. It's good not having to think about all that anymore." Another person said, "They

[staff] are discreet when they give your medication. They give you a drink and wait patiently till you are finished. I have seen them remind some people to take their pills and they do that in a nice way; not in your face." We saw that medicines were managed safely and were provided to people in a polite and safe manner by staff.

Medicines administration records were appropriately completed which identified staff had signed to show that people had been given their medicines at the right time. People's medicines were kept safely but available to people when they were needed. Regular audits on medicines and competency checks on staff were carried out. These measures helped to ensure any potential discrepancies were identified quickly and could be acted on. This included additional training and support where required.

Is the service effective?

Our findings

People told us that the staff were skilled and competent to meet their care needs. One person said, “The staff here are real diamonds; very capable and know what needs doing and get on with it. No fuss. Yes, I think they treat me with the greatest of respect.” Another person commented, “Can’t fault the staff. I have no complaints they [staff] are kind and nice to me. They are very thorough in what they do. They all take pride in their work; whether it is cleaning the place, cooking our meals or looking after people like me. They are very well trained. This is the best home in the area.”

Discussions with staff and records seen showed that staff were provided with the training that they needed to meet people’s requirements and preferences effectively. This included supporting people with their diabetes and people living with dementia. The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. This provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for.

Staff told us that they felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues, seek advice and receive feedback about their work practice. They described how the management team encouraged them to professionally develop and supported their career progression. This included a newly appointed member of staff being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported staff with their continued learning and development.

People were asked for their consent before staff supported them with their care needs for example to mobilise or assisting them with their meal. Staff had a good understanding of Deprivation of Liberty Safeguards (DoLS) and Mental Capacity Act 2005 (MCA). Records confirmed that staff had received this training. We saw that DoLS applications had been made to the local authority as required to ensure that any restrictions on people were lawful. Guidance on DoLS and best interest decisions in line with MCA was available to staff in the office.

Care plans identified people’s capacity to make decisions. Records included documents which had been signed by people to consent to the care provided as identified in their care plans. Where people did not have the capacity to consent to care and treatment an assessment had been carried out to reflect this. In addition where people lacked the capacity to make a particular decision their relatives, legal representatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

There was an availability of snacks and refreshments throughout the day. We observed the lunch time meal time experience and found that staff were attentive to people’s needs. People told us they had enjoyed their meal and the company of their friends and the staff. One person said, “I look forward to meal times as everyone gets together and we have a good laugh with the staff. The cook is excellent and the food is terrific. [Cook] will make you whatever you want if you want something different from the menu, but I like the choices we get just fine.” Staff encouraged people to be independent and made sure those who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

People’s nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. One person told us, “The food here is lovely probably too good. Especially the cakes. I have such a sweet tooth so I only have a little bit as I need to watch what I eat.” Where issues had been identified, such as weight loss or difficulty swallowing, guidance and support had been sought from health care professionals, including dietitians and speech and language therapists. This information was reflected in people’s care plans and used to guide staff on meeting people’s needs appropriately.

People had access to health care services and received ongoing health care support where required. We saw records of visits to health care professionals in people’s files. Care records reflected that people, and or relatives/representatives on their behalf, had been involved in determining people’s care needs. This included attending reviews with other professionals such as social workers, specialist consultants, community matron and their doctor. Where the staff had noted concerns about people’s health,

Is the service effective?

such as weight loss, or general deterioration in their health, prompt referrals and requests for advice and guidance were sought and acted on to maintain people's health and wellbeing.

During our inspection we spoke with a visiting healthcare professional who had been called out to visit a person whose health had deteriorated. They told us that the staff made appropriate referrals and acted on the advice and guidance provided.

Is the service caring?

Our findings

People told us that the staff were caring and treated them with respect. One person said, “Obviously you have your favourites [members of staff]. The ones you click with and get on really well with. But I have to say all the staff are kind and helpful.” Another person commented, “I tend to keep myself to myself. I like my own company and am quite private. I get tired easily so I prefer being in my room. They [staff] know this and don’t push me to do things I don’t want to do. Not really interested in group things. They [staff] will pop in and chat with me, which I enjoy and I have plenty of visitors to see me. I am not lonely” A third person shared their experience of using the service with us. They said, “I am still getting used to being here. I have settled in well but not been here that long. I am satisfied here, it is a good place; it is clean and tidy and the food is lovely. I do what I want, when I want. I still have my tongue so can speak up if I need to and can look after myself. I haven’t had to speak up as everything is fine but I would if I wasn’t happy.”

Feedback from relatives and one person’s visitor about the staff approach was positive. One relative commented that, “The staff are very accommodating and supportive. They know [family member’s] ways and are very kind” Another relative told us, “The staff are very kind and caring.”

The atmosphere within the service was welcoming, relaxed and calm. Staff talked about people in an affectionate and compassionate manner. Staff were caring and respectful in their interactions with people, for example they made eye contact, gave people time to respond and explored what people had communicated to ensure they had understood them. Staff showed genuine interest in people’s lives and knew them well. They understood people’s preferred routines, likes and dislikes and what mattered to them.

People told us that staff listened to what they said and their views were taken into account when their care was planned and reviewed. Records seen showed that people and their representatives, where appropriate, had been involved in planning their care and support. This included their likes and dislikes, preferences about how they wanted to be supported and cared for. One person said, “I like to decide on the day if I want to have a wash in bed or shower.”

Another person commented, “I like to have my meals in the dining room and for staff to get me there in good time. So I am not late or rushed.” We saw in people’s care plans that their preferences had been accommodated.

Information about advocacy was available in the service to enable people to have a stronger voice and support them to have as much control as possible over their lives. Throughout the day we saw that people, wherever possible, were encouraged by staff to make decisions about their care and support. This included when they wanted to get up or go to bed, what they wanted to wear, what activities they wanted to do and what they wanted to eat. People’s choices were respected by the staff and acted on. One person said, “I have never been ignored. If I want to, I can open my mouth and speak up. I am not frightened of saying anything. They [staff] listen to you when you say what you need and do what you ask them. So no complaints from me.”

People told us that they felt that their choices, independence, privacy and dignity was promoted and respected. One person said, “They [staff] always knock on the door and call your name before coming into my bedroom. I like that as I know there is someone there and I don’t get a fright. If the door is open they still knock and call your name so you’re not startled when they walk in.” We saw that staff respected people’s privacy and dignity. For example, staff knocked on bedroom and bathroom doors before entering and ensured bathroom and bedroom doors were closed when people were being assisted with their personal care needs. When staff spoke with people about their personal care needs, such as if they needed to use the toilet, this was done in a discreet way. A staff member told us that people’s choices were respected and shared examples of people who required support when they were incontinent during the night. They explained how people were regularly checked and offered support where required, but if they refused this was respected.

People’s records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people’s independence, such as when they moved around the service using walking aids and sitting in arm chairs. People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. One person said, “I know I

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have dementia and I forget things, but I am not thick or stupid, I can still do most things myself. I get up, get washed and dressed, no bother and can get ready for bed just fine. I just need a bit more reminding now with pills and things. I am still healthy and can get out and about just fine. I just get confused sometimes. They [staff] know this and help

me when I need it. I don't like the quizzes much as can't remember things, but I like to be busy and doing something, so staff have agreed I can clean my room and do bits around the place to keep busy and feel useful."

From our observations we saw that people had a good sense of well-being, they were at ease and relaxed in their home, came and went as they chose and were supported when needed.

Is the service responsive?

Our findings

People received care and support specific to their needs and requests for assistance were answered in a timely manner. One person we spoke with who had recently arrived at the service told us how they were settling in. They said, “Staff are attentive and available when you need them. My bedroom has all my personal belongings in and that has helped me with moving in and adjusting. Takes a bit of getting used to, things are different; like having an alarm on the wall [call bell to alert staff] but it is a good idea. Although I haven’t used it my friends here say they [staff] are quick to respond when it’s pressed. So that’s reassuring.” Another person told us about their experience of using their call bell and how staff had responded in a timely manner. They said, “I lost my balance the other day and I fell over. I couldn’t get up on my own so pressed my buzzer and they [staff] were ever so quick to get to me. I was alright; bruised ribs but they [staff] looked after me and fixed me up.”

People were supported to participate in activities which were important to them. A structured plan of weekly activities was displayed in the service and this included movie and popcorn sessions, arts and crafts, games and quizzes. An activities coordinator had recently been appointed and was working with the management team to implement a range of activities and events that would engage and stimulate people. One initiative people told us they enjoyed was the weekly news and group discussion. One person told us, “I like when everyone here comes together. Whether it is the sing song days or on the weekend where we meet up and talk about the news. [Staff member] reads the papers and we debate the current affairs and how we would manage it. Not everyone knows what is going on but that doesn’t matter. Sometimes it is just about getting us all together.”

We saw during our inspection that people were supported to go out on planned and impromptu activities such as attending appointments and two people were supported to go out and feed the local ducks. The management team told us that they were currently developing the activities programme to reflect both meaningful group and individual activities for people. This included looking into areas where people had expressed an interest such as sewing and music. Where people had said they wanted to spend time with a member of staff chatting in their

bedrooms or outside in the garden as they did not want to join in the activities, the management team were looking into how they could facilitate this. For example through one to one sessions with members of staff to ensure people’s social needs were being met and reduce the risk of isolation.

Staff talked with us about people’s specific needs such as their individual likes and dislikes and demonstrated an understanding about meeting people’s diverse needs, such as those living with dementia. This included how people communicated, mobilised and their spiritual needs. They knew what was important to the individual people they cared for.

We observed staff delivering care and support to people in line with their care plans which was responsive to their needs. Care records contained information about people’s physical health, emotional and mental health and social care needs. These needs had been assessed and care plans were developed to meet them. Care plans were routinely updated when changes had occurred which meant that staff were provided with information about people’s current needs and how these were met.

Appropriate documentation was in place to record well-being checks which were in line with people’s care plans. The monitoring forms seen recorded accurate information and provided staff with clear instructions of the frequency of their visits and how to meet people’s individual needs. For example, when a person needed to be repositioned in accordance with their pressure care plan.

Relatives and one person’s visitor told us they were kept up to date about changes in their person’s wellbeing. This was reflected in the communication logs in people’s care plans. This included being advised of upcoming appointments with professionals such as the doctor and optician and in the adverse event of a fall what actions had been taken. One visitor said, “The staff keep me very well informed; either ringing me up to let me know of any changes or developments. When I walk in, straightaway I get an update on how things are. Communication is excellent.” A relative described how the staff knew their family member well and had encouraged them to join in with the activities which had reduced the risk of them becoming isolated and

Is the service responsive?

withdrawn. They said, “Yesterday they got [family member] to come downstairs and join in with a game that people were playing. They knew [family member] was interested in quizzes and made it happen.”

People, relatives and representatives had expressed their views and experiences about the service through meetings, individual reviews of their care and in annual questionnaires. People’s feedback was valued, respected and acted on. This included changes to the menu and the choice of activities provided following suggestions made. For example, people had fed back they would like to have steak and beef burgers on the menu. This had been accommodated as the cook had served beef burgers and was planning a steak night event. Good practice was fed back to the staff through team meetings and in one to one supervisions to maintain consistency.

People and their relatives and visitor that we spoke with told us that they knew who to speak with if they needed to make a complaint but had not done so as any concerns

were usually addressed by a member of staff. One person’s relative told us that they were aware of the complaints procedure and told us about a communication issue they had reported to a team leader and how it had been dealt with straight away. They said, “It was a comment I just mentioned in passing. Bit of a mix up that’s all but I told a member of staff and they dealt with it straight away. Not had any further problems. I wouldn’t hesitate to speak to the management or any of the staff if I needed to.”

The provider’s complaints policy and procedure was made freely available in the service and explained how people could raise a complaint. Records showed compliments, comments, concerns and complaints about the service were documented, investigated, acted upon and used to improve the service. For example providing further training for staff and disciplinary action, where required. Where positive feedback was received this was routinely passed onto staff through supervisions and team meetings to support embedding this as best practice.

Is the service well-led?

Our findings

It was clear from our observations and discussions that there was an open and supportive culture in the service. Feedback from people, relatives and a visitor we spoke with about the staff and management team were positive. One person said, “Staff are always nearby if you need them and approachable if something is troubling you.” A relative told us how staff including the management team were, “Visible and available to talk to if you had any concerns.” One person told us how they enjoyed their chats with the regional manager. They said, “[Regional manager] is very busy but always pops by when they visit the place and says hello, shakes my hand and asks how I am. That’s decent and respectful.”

Staff were encouraged and supported by the management team and were clear on their roles and responsibilities and how they contributed towards the provider’s vision and values. We saw that care and support was delivered in a safe and personalised way with dignity and respect. Equality and independence was promoted at all times.

Staff we spoke with felt that people were involved in the service and that their opinion counted. They said the service was well led and that the management team were approachable and listened to them. One member of staff said, “I like working in the home, most people who work here do. Majority of staff have been here a long time and you can learn a lot from them. We all work well as a team and support one another.”

People were involved in developing the service and were provided with the opportunity to share their views. There were care reviews in place where people and their relatives made comments about their individual care. When people had made comments about their care preferences, these were included in their care records and acted on. Relatives were complimentary about the service and told us they felt listened to. One relative said, “I have no complaints. Nothing is ever too much trouble when you ask.”

People received care and support from a competent and committed staff team because the management team encouraged them to learn and develop new skills and ideas. For example staff told us how they had been supported to undertake professional qualifications and if they were interested in further training this was arranged.

Meeting minutes showed that staff feedback was encouraged, acted on and used to improve the service. For example, staff contributed their views about issues affecting people’s daily lives. This included how staff supported people with personal care and meaningful activities. Staff told us they felt comfortable voicing their opinions with one another to ensure best practice was followed

Staff understood how to report accidents, incidents and any safeguarding concerns. They liaised with relevant agencies where required to ensure risks to people were minimised. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents including significant changes to people’s behaviours were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines or known triggers) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people. The outcomes of this analysis fed into an improvement plan for the service to ensure people were provided with safe and quality care.

A range of audits to assess the quality of the service were regularly carried out. These included medication audits and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Full care plan audits were undertaken annually, in addition to the ongoing auditing through the provider’s internal review system. This included regular feedback from family members, staff and the person who used the service. This showed that people’s ongoing care arrangements were developed with input from all relevant stakeholders.

The provider and management team undertook frequent reviews of their processes and systems to ensure consistency and effective practice were followed. The outcomes and actions arising from the audits and checks addressed any shortfalls identified and fed into a continual improvement plan for the service. For example, planned improvements to the building such as the installation of a new kitchen had recently been completed. The refurbishment of a new communal bathroom upstairs was underway and decorating the ground floor corridors was nearly complete. We saw that these improvements had been planned to ensure minimum disruption to the people living in the service. One person told us, “There has been a

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lot going on here. The kitchen has been done up and downstairs has been painted. They [builders] haven't made a lot of mess or been in the way. Not too noisy either. I think it looks much nicer."