Care Quality Commission

Barchester Healthcare Homes Limited

Forest Care Centre

Inspection report

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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

We performed this unannounced inspection on 12 August 2015. Forest care centre is run and managed by Barchester Healthcare Homes Limited. The service is registered to provide accommodation for up to 20 persons who require nursing or personal care. On the day of our inspection eight people were using the service.

There was no registered manager in post at the time of our inspection, however there was a person managing the service who was in the process of applying to be registered with us. 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.

When we last inspected the service on 3 and 4 March 2015 we found there were improvements needed in relation to maintaining appropriate staffing levels, the quality of people's care records and the management and oversight of the service. The provider sent us an action plan telling us they would make improvements in

Summary of findings

these areas by the end of March 2015. We found at this inspection that this had been completed and the provider had made improvements in line with their action plan.

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

The management of medicines was safe and people received their medicines as prescribed.

Staffing levels were sufficient to support people's needs. Systems were in place to manage short notice staff absenteeism to ensure people received care and support when they needed it.

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

People were encouraged to make independent decisions when able and staff were aware of legislation to protect people who lacked capacity. We also found staff were aware of the principles within the Mental Capacity Act 2005 (MCA) and had only deprived people of their liberty after obtaining the required authorisation.

People were provided with a varied diet and were protected from the risks of inadequate nutrition. 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 and were involved in decisions about the running of the home.

Effective quality auditing procedures were in place to monitor the quality service provision. The management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC).

Systems were in place to aid people residing at the home, or those acting on their behalf, to make complaints and they felt complaints would be taken seriously.

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.

People were safe as the provider had systems in place to recognise and respond to allegations of abuse.

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.

Good

Is the service effective?
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 and procedures were in place to protect people who lacked capacity to make decisions.

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

Good

Is the service caring?
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 supported and staff were aware of the importance of promoting people's independence.

Good

Is the service responsive?
The service was responsive

People residing at the home, or those acting on their behalf, were involved in the planning of their care when able. People had access to health care professionals when needed.

People were supported to pursue a varied range of social activities

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

Good

Is the service well-led?
The service was well led.

People felt the management team were approachable and they were effective in enhancing the quality of service provision. Staff felt they received a good level of support and could contribute to the running of the service.

There were effective auditing procedures in place to monitor the quality of the service.

Good

Care Quality Commission

Forest Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 14 July 2015 and was unannounced. The inspection team consisted of two inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our specialist advisor was a person who has experience of working with people with mental health difficulties.

Prior to our inspection we reviewed information we held about the service. This included previous inspection reports, information received 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 asked 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 one person who was living at the service and two people who were visiting their relations. We spoke with four members of staff and members of the management team. We also looked at the care records of three people who used the service as well as a range of records relating to the running of the service, which included audits carried out by the manager.

Good

Is the service safe?

Our findings

When we last inspected the service on 3 and 4 March 2015 we found improvements were needed in relation to maintaining sufficient numbers of suitably qualified competent and skilled staff. The provider sent us an action plan telling us they would make improvements in this area by 30 May 2015. We found at this inspection that this had been completed and the provider had made improvements in line with the action plan.

People's relatives told us they felt there was sufficient staff to meet people's needs and promote people's safety. Comments included, "Yes I think my mum is safe here," and, "It's definitely a safe place, I don't have any concerns."

We saw the staffing compliment was sufficient as staff were able to maintain a constant presence in the communal areas throughout the ground floor at the home. We saw staff were able to respond in a timely manner when people needed support in their bedrooms. Staff told us that they felt there were usually enough staff to meet people's needs and when they experienced a reduction in the staffing levels due to unforeseen absenteeism an on call system had been established manage these situations.

Procedures were in place which allowed the manager to perform an analysis of people's needs to determine how many staff would be required to maintain a safe service. On the day of our inspection eight people were in residency, none of whom required one to one support. These people were being supported by the manager, one qualified nurse, three care staff, three kitchen staff, two cleaners and two maintenance technicians. We found these staffing levels were reflective of the staffing levels identified in the formal needs analysis performed by the manager.

We found the manager was in the process of recruiting additional qualified nurses and care staff to increase the existing staff compliment which would further reduce the reliance of agency staff and promote continuity of care for people in the home. This was confirmed by a member of staff who told us, "We have recently had a couple of staff leave and we are recruiting new staff now. The staffing levels have improved a lot, I feel safe now."

We found 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 were undertaken to assist the manager in making safer recruitment decisions.

People's relatives told us they felt the home provided a safe environment for their relation. Comments included, "It's a secure environment which is reassuring."

People could be assured that staff would be confident in reporting, and acting on, any issues which could compromise people's safety. We found staff had received training in safeguarding people within their induction period and through ongoing annual refresher training.

The training was in place to ensure staff would be aware of their roles and responsibilities in reporting any issues of concern relating to people's safety. Staff spoken with had a good knowledge of the different types of abuse which may occur within a care home setting, and the required actions to protect people if they suspected any abuse had occurred. We also found staff were aware of the contact details of the local authority to share any information of concern with them if required. One member of staff told us, "If I saw any type of abuse I would immediately stop it and then report it to the manager, the safeguarding team or the police if necessary." We also spoke with the manager and found they were fully aware of their managerial responsibilities in reporting safeguarding issues when required, and our records showed that safeguarding referrals had been made to the local authority when required.

People could be assured that they would not be exposed to inappropriate methods of restraint as staff had attended training in the Management of Actual or Potential Aggression (MAPA). Staff told us the training was designed to enable them to safely disengage from situations that presented risks to themselves, the person receiving care, or others. We also saw people's care plans contained information to inform staff that therapeutic approaches should only be used to minimise the risk associated with people exhibiting challenging behaviours. Throughout our inspection we saw staff interacting with people in a relaxed manner and we did not observe any inappropriate restraint being used.

People could be assured they could take risks and staff would support and encourage them to increase their independence. We found risk assessments had been

Good

Is the service safe?

undertaken and when a risk had been identified an appropriate risk prevention strategy was in place. For example, risk assessments were in place in relation to people accessing the broader community when attending their planned outings. We also found that Personal Emergency Evacuation Plans (PEEPS) were undertaken. These were in place to ensure people could escape safely in the event of an emergency such as a fire. The plans documented how people, including those with restricted mobility, could be evacuated safely as they highlighted the amount of staff required to perform the evacuation process together with the equipment needed. We found the risk assessments had been reviewed on a regular basis so people could be assured that they would remain pertinent to their changing needs.

We found care staff responded to potential risks in a timely manner and provided risk reduction strategies when needed. For example, on the day of the inspection a person was using the outside area. Although the sun was not particularly hot the care staff encouraged the person to wear a sun hat as precaution to prevent potential sun burn. This showed staff appreciated that people should be encouraged to take risks to enhance their independence and wellbeing but risk reduction strategies should always be considered.

People could be assured they would receive their medicines as prescribed. We found that only qualified nurses administered medicines. Nurses had received ongoing training and supervision in this area to ensure they remained competent. We asked a nurse to describe how they managed the ordering, storage and administration of medicines and found they were clearly knowledgeable in this area.

On the day of our visit we observed medicines were administered safely and the nurse followed appropriate procedures. We saw the nurse had ensured people had a drink to help them take the medicine and the nurse observed people taking their medicines before they signed medication administration records. We found medicines were stored securely in a treatment room which was in good order and was maintained at an appropriate temperature to ensure medicines remained effective.

We found when people required their medicines to be administered covertly, agreements from their General Practitioners (GP) had been recorded. They also had mental capacity assessments and best interest agreements in place for this specific activity.

Good

Is the service effective?

Our findings

When we last inspected the service on 3 and 4 March 2015 we found improvements were needed in relation to ensuring staff received appropriate support, training, professional development, supervision and appraisals to enable them to carry out their duties. The provider sent us an action plan telling us they would make improvements in this area by 30 May 2015. We found at this inspection that this had been completed and the provider had made improvements in line with the action plan.

People's relatives told us they felt their relations received care from sufficiently skilled and competent staff. Comments included, "The staff are very good and are more attentive now," and, "I think the staff are very well trained. They know what they are doing."

On commencing employment staff were required to undertake an induction process which ensured they could familiarise themselves with the needs of people who used the service. The induction process also provided staff with the opportunity to read the organisation's policies and procedures.

We found that the manager had also ensured that existing staff had been given a copy of the home's induction process and were required to complete the process with support from the management team and the organisation's regional trainer. This was to ensure all staff were aware of the aims and objectives of the home. The provider told us in their PIR that shadowing opportunities were provided, where new staff were buddied up with a senior member of staff until they felt confident to work independently. This information was confirmed by staff spoken with.

Staff told us they were supplied with ongoing training to ensure they could remain competent and confident in performing their roles and responsibilities. One member of staff told us, "We have had lots of training recently, it's much better than it was." We confirmed this information through an examination of staff training records. They showed staff had received regular training in a wide range of subjects pertinent to their roles and responsibilities at the home. These included topics such as food hygiene, fire safety, moving and handling, the management of behaviour that challenges, safeguarding adults and the principles of the Mental Capacity Act (2005). We also found that additional mandatory topics had been recently introduced which included training in promoting people's skin integrity to ensure all staff were aware of any potential complications in this area. This ensured that people were supported by suitably trained staff.

People could be assured that staff followed the principles of the Mental Capacity Act 2005 (MCA) The MCA is in place to protect people who lack capacity to make certain decisions because of illness or disability. We saw there were assessments being carried out to assess people's capacity to make specific decisions. Where it was determined that people did not have the capacity correct processes were being followed to make ensure decisions were only made in each person's best interest.

Staff also understood the use of Deprivation of Liberty Safeguards (DoLS) which are part of the Mental Capacity Act 2005. The legislation protects the rights of people by ensuring that if there are any restrictions on their freedom, these are assessed by professionals who are trained to decide if the restrictions are lawful. At the time of our inspection the manager told us that all of the people residing at the home had undergone a capacity assessment to determine their ability to make informed decisions and four people had lawful restrictions imposed on them to promote their safety and wellbeing.

People's relatives told us they felt their relations received a nutritionally balance and varied diet. One person's relation told us, "The meals used to be too small but they are fine now," whilst another said, "The meals look very nice and they have a choice." Members of staff were also positive about the quality of the meals. Comments included, "The food is fantastic, it's very varied and everything is fresh."

We found effective systems were in place to ensure people received a variety of meals which took into consideration their likes and preferences. Daily meetings were undertaken where the heads of departments, including the chef who could discuss people's dietary needs. The service also operated a 'resident of the day' process where people's dietary preferences were reviewed by the chef. This showed that the service was proactive in providing varied meals to people residing at the home.

We found specialist diets, for example soft or pureed food or a reduced sugar diet was provided when needed. We also found that the chef was supplied with comprehensive information relating to culturally specific diets to ensure people's cultural differences would be respected. We also

Good

Is the service effective?

found that meals for people who chose to adopt a meat free diet such as vegetarians and vegans would be catered for when needed. This showed that the service was appreciative of the importance of providing appropriate meals when required.

We were invited to participate in the midday lunch. We saw people were enjoying their meals, we found the portions were of a good size and were appetising and nutritious. We also noted that fluids were readily available at meal times and throughout the day to minimise the risk of dehydration. We were also told that supportive equipment such as specialist utensils and plate guards could be made available and we saw that where people needed assistance to eat this was provided by the care staff.

People's relatives told us they felt their relations received access to health care professionals when needed. One person's relative told us, "My relation is seeing a GP at the moment and the staff contacted the GP quickly."

Staff confirmed that people had access to health care professionals. One staff member told us, "People are monitored all the time and if we have any concerns we will contact their GP. We also have regular GP visits where we can discuss any concerns we might have." The member of staff also told us that other health care professionals were involved in people's care package when required. These included dieticians, community nurses, podiatry services, opticians and specialist falls prevention teams. Records were available which supported this information. We also found that a person had attended the local accident and emergency department in a timely manner following a seizure and fall. This demonstrated that people could be assured staff would be responsive to fluctuations in people's health needs and staff would be proactive in ensuring people attended emergency services when required.

Good

Is the service caring?

Our findings

People's relatives told us they felt staff were caring and compassionate. One person's relative told us, "I feel the staff are definitely caring, they are really nice and considerate."

Our observations supported what people's relations had told us. We saw that staff interacted with people in caring manner and responded to people's requests for assistance in a timely way. We found staff spoke to people in a kind tone of voice and incorporated 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 heard staff discussing meal times with one person. The interactions were undertaken in a patient and relaxed manner which provided comfort to the person. Staff were also heard to warmly welcome visitors to the home and it was apparent that the staff had a positive rapport with them. This was confirmed by one person's relatives as they told us, "We always receive a warm welcome, we are all on first name terms now."

People could be assured that staff would provide support in a caring manner. We found that 87% of staff had recently received training entitled 'So Kind' which provided specific guidance for staff on the importance of providing a caring environment for people within a residential home setting. We also found systems were in place to monitor interactions so the manager could assure themselves that staff provided a caring and respectful service to people. A member of the management team told us, "We observe staff to satisfy ourselves that people are being treating with respect and dignity. If there was issues of concern identified we would discuss them within staff supervision sessions and provide additional guidance to the staff when needed."

Whilst there had not been any recent admissions to the home, the provider told us within their PIR that a pre admission assessment document was in place which would be carried out prior to agreeing a person's admission to the home. The provider also told us the assessment process would involve the person and other significant people involved in their life where necessary.

We saw that people's records also incorporated a care profile which reflected the needs, choices and preferences of the people and how they wish to be supported. This showed that systems were in place to ensure staff were aware of people's preferences so they could be effectively addressed.

We found that care plans were person centred and provided staff with detailed information on people's preferences. Where people had been assessed as lacking capacity to make decisions we found their relatives were encouraged to contribute to the development of care plans. One person's relative told us, "I am now involved in the care plans whereas previously I was not. I was not even aware I should have been." This showed that systems had been established to effectively identify and address people's individual needs and aspirations

Throughout our inspection we saw staff actively encouraged people to express their views and it was evident that staff provided a service which took into consideration people's likes and preferences. For example one person was encouraged to engage in a range of activities which were suitable for their age and physical fitness. These included playing football in the garden and attending Tai Chi sessions. These were activities the person had previously preferred and enjoyed. This showed that staff responded to people needs in a person centred way rather than a task oriented manner.

We saw there were systems in place to involve people in the planning of their care package when able. Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA) such as obtaining a Power of Attorney when required so people's relatives could be involved in the care planning process. Where people did not have a next of kin an Independent Mental Capacity Advocate (IMCA) had been appointed and was involved in the reviews of their care, (an IMCA is a specialist Independent Mental Capacity Advocate who assist people who lack mental capacity and who do not have an appropriate family member or friend to represent their views).

People were supported to make independent decisions. Throughout or inspection we observed staff interacting with people. The interactions were empowering and we noted that staff actively involved people in making decisions about how they spent their time and what activities they would prefer to take part in. We also noted that staff respected people's decisions if they did not wish

Good

Is the service caring?

to participate in the planned activities. For example one person said they preferred to spend some of their time in the privacy of their bedroom and we saw this decision was respected by the care staff.

People's relatives told us they felt staff respected their relation's privacy and dignity. One person said, "I called to collect my relation to go out on a trip. When the staff helped them dress they ensured their bedroom door was closed to promote their privacy."

Staff were aware of the importance of maintaining people's privacy and told us that people's bedroom doors and curtains are closed when assisting people with their personal needs. Throughout our inspection we observed staff providing interventions in a caring and dignified way which promoted people's privacy. We also saw that staff spoke to people in a discreet manner about any issues of a personal nature thus promoting people's dignity.

The management team told us people's relations and friends were welcome to visit the service at any time, which included mealtimes. This information was confirmed by a person's relative who told us they could visit their relation at any time and visits were not restricted in any way. They also told us they had always been made very welcome by the staff. We also found the design and layout of the home provided people with access to private areas which people could access without restriction. This ensured that people could have private time with their visitors when needed.

Good

Is the service responsive?

Our findings

When we last inspected the service on 3 and 4 March 2015 we found improvements were needed in relation to maintaining effective records to ensure the planning and delivery of care would promote people's welfare and safety. The provider sent us an action plan telling us they would make improvements in this area by 30 May 2015. We found at this inspection that this had been completed and the provider had made improvements in line with the action plan.

People's relatives told us they felt their relations' individual preferences were known by staff and that staff were responsive to people's individual needs. One person's relative told us, The staff know my relation's needs which can sometimes be difficult sometimes due to my relation's poor communication skills."

The provider told us in their PIR that staff had received training in the importance of person centred care. They told us people's care plans accurately reflected people's needs, choices and preferences and how they wish to be supported. They also told us that monthly reviews of care plans were undertaken with the involvement of people or their advocate if required. On examination of three people's records we found the aforementioned information to be correct. The records were of a paper format and shared a number of positive characteristics in that they contained risk assessments with a supporting care plan. The records also had a 'my daily activity plan' which was used to ensure that care plans were person centred and reflected people's preferences and life style choices. We found the care plans were reviewed on a regular basis so people could be ensured they would remain relevant and staff could be responsive to people's changing needs.

At the front of people's care records there was an index of ten core areas of care planning which utilised a recognised needs assessment tool. In addition to these plans additional care plans were in place for specific individual care needs such as the management of epilepsy. We also found that people's records incorporated a brief summary of their care needs. This was a good reference guide for bank and agency staff who may not have been familiar with the people's needs. The summary document could also accompany people should they need to be transferred to an acute hospital setting for assessment or treatment. This showed that people could be assured they would be provided with a safe transfer between health care setting if required.

Staff told us that they valued people's care plans and felt the documentation had improved significantly over the last few months. They also told us the plans were accessible at all times and felt they were an effective tool in providing a good quality service. We also found that the staff's knowledge of people's needs was reflective of the information within the care plans.

People's relations also had access to their relatives' care records where appropriate and had been consulted about their care package. One person relative told us, "We regularly review or relation's care plan and it is good to be involved." This meant people's advocates were involved in planning their relation's care and could provide consent regarding the content of the plans when needed.

People's relatives told us they felt their relations had the opportunity to get out and about and pursue their interests and hobbies. One person told us, "There are more activities now," whilst another said, "At one time they did not do much at all but now there is a lot more is being done and people get out and about. They are also doing things in the garden which is really good."

We found people's life histories were completed where possible and contained within people's care plans. These were produced with the support of people's families and aided staff to provide person centred activities. We found there was a weekly activity planner on display which highlighted activities over a seven day period. Individual activities were also recorded within daily activity diary sheets which showed that people were enabled to carry out person centred activities within the home and in the community. Records showed activities such as art and crafts sessions, baking sessions, gardening activities and film nights were organised. Interactive entertainment such as board games and guest entertainers were also provided. We also found people could utilise the provider's mini bus to access areas of local interest such as garden centres and public houses and take part in shopping trips to the local town centre of Mansfield.

People's relatives told us they felt comfortable in highlighting any concerns to the staff and believed their concerns would be responded to in an appropriate way.

Good

Is the service responsive?

One person's relative told us, "I did have a problem but it was sorted out," Whilst another person said, "I feel confident in reporting any issues. There are notices up which gives us three or four different telephone numbers of people in authority if we need to make a complaint."

The organisation's complaints procedure was on display throughout the home and was available in a variety of formats to aid people with impaired communicative abilities. The contact details of the service were also available via a website which provided an additional facility for people who used the service, or those acting on their behalf, to report any concerns they might have.

We found that a confidential comments and suggestion box was made available in the foyer of the service where people could provide their feedback on the quality of the service. We found the manager operated an open door policy to aid people in highlighting any concerns. We also found there was a complaints procedure for staff to follow and staff told us they felt confident in using the procedure and discussing any complaints with the management team if required.

We found a complaints log system was available for all complaints to be recorded. Whilst there had not been any complaints made since our last inspection the manager told us they would take any complaints seriously and use them as an opportunity to improve the service provision when necessary.

Good

Is the service well-led?

Our findings

When we last inspected the service on 3 and 4 March 2015 we found improvements were needed in relation to the quality of the management and oversight of the service. The provider sent us an action plan telling us how they would make improvements in this area by 30 May 2015. At this inspection we found this had been completed and the provider had made improvements in line with the action plan.

People's relatives told us they felt confident in approaching the manager and felt the culture within the service had improved significantly since a recent change in the management team structure. Comments included, "The communication is much better now," and, "There are more positive people here now." People's relations also said they now felt their views were valued and comments included, "It's much improved now. They (management team) listen to our opinions. In the past it was draconian and they didn't want to know what we thought," and, "We were not allowed a choice before and we were told what to do."

Staff told us there were now clear lines of management responsibility within the home. They told us the manager was approachable and was a significant presence in the home. One member of staff said, "The manager regularly comes onto the unit throughout the day, they speak to the residents and staff and also look at the toilets and bathrooms to make sure everywhere is clean and tidy."

Staff told us they enjoyed working at the service and felt the manager was proactive in developing the quality of the service. Comments included, "I feel this manager has really improved the service," and, "I enjoy working here." Throughout our inspection we observed staff working well together and it was evident that an effective team spirit had been developed. We also noted staff promoted an inclusive environment where there was lots of friendly, appropriate banter between the staff and people which resulted in an atmosphere that was relaxed and calm.

We found the management team were aware of their responsibility for reporting significant events to the Care Quality Commission (CQC) and the local safeguarding team. For example our records showed that when we had been notified of allegations of abuse the issues had been managed effectively.

People could be assured that they would receive care from staff that were effectively supported and supervised by the management team or senior colleagues. One member of staff said, "I feel very well supported now, our supervision has improved. I am also actively involved in providing other staff with their supervision." Records also showed that 100% of the staff team had up to date supervisions and annual appraisals from the management team. Staff told us the supervision provided them with the opportunity to discuss any developmental needs and training opportunities.

The meetings also provided the opportunity for the management team to discuss the roles and responsibilities of their staff so they were fully aware of what was expected of them. We found the supervision sessions were provided for the manager from the organisation's regional director to ensure they were appropriately supported. Staff meetings were also undertaken on a monthly basis and these were used as a forum to discuss any issues which might affect the quality of service provision.

People residing at the home and their relatives were supported to attend meetings on a monthly basis so they could be involved in developments within the home. Records showed that topics of conversation included the provision of activities and food together with updates on any managerial issues. We found that where people had made suggestions the service was proactive in addressing people's wishes. For example a request for filtered water had been actioned.

People residing at the home, and their relations, were provided with the opportunity to have a say in what they thought about the quality of the service. This was done by sending out surveys on an annual basis. The manager told us the information from the surveys was utilised to identify where improvements could be made to the quality of the service.

People could be assured that effective quality auditing procedure were in place. We found 'quality first' visits were carried out by senior member of the management team on a bi-monthly basis. They looked at all aspects of service provision included medicines management, infection control, health and safety, the kitchen facility and the quality of the housekeeping. Following the review process action plans were formulated with recorded timescales to achieve completion. Records showed these had been actioned within the recorded timescales.

Good

Is the service well-led?

We also found that observational audits were undertaken. These were called 'Lived Experiences' and used to capture the experiences of people who used the service who may not be able to express themselves effectively. They allowed the assessor to observe the mood and engagement of people using services and the quality of staff interactions. We also established that unannounced night visits were carried out by manager and deputy manager so they could assure themselves that staff were effective in meeting its aims and objectives of the organisation throughout the twenty four hour period.

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 had also initiated daily meetings which all heads of departments were expected to attend. The meetings enabled the manager to be updated on a variety of issues appertaining to the care people received and the quality of service provision. We also found that accidents and incidents were recorded and reviewed on a monthly basis by the manager to identify any trends so practice could be amended to minimise any re-occurrences. This showed that the manager was proactive in developing the quality of the service and ensured systems were in place to recognise where improvements could be made.