Ashwood Care Home Ltd

Ashwood Rest Home

Inspection report

10-12 Shirley Avenue
Shirley
Southampton
Hampshire
SO15 5NG

Tel: 02380780232

Date of inspection visit:
09 May 2017

Date of publication:
08 June 2017

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 on 9 May 2017 and was unannounced. The service provides accommodation for up to 20 older people with personal care needs. There were 14 people living at the service when we visited. All areas of the service were accessible via stairs. One flight of stairs was equipped with electric stair lift and there were lounges/dining rooms on the ground floor. There was outdoor space accessible from the ground floor, which was unavailable for use at time of inspection due to building work.

There was a registered manager at the service. 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.

At our last inspection in January 2016, we identified a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements in the area of ensuring the mental capacity and best interests of people who lacked capacity was assessed. At this inspection, we found that improvements had been made and the provider had taken steps to meet the requirements of this regulation.

The registered manager had implemented a system to assess people's capacity and make best interests decisions for people who were unable to consent to specific decisions around their care. The system was well embedded, with staff knowledgeable about applying the principles of The Mental Capacity Act (2005) into their daily working practice. These systems helped to protect people's rights and freedoms. Staff understood the need to obtain consent from people before delivering care. Staff treated people with respect and dignity, with their wishes around their care arrangements at the end of their life documented to help ensure their choices were respected.

At our last inspection in January 2016, we identified a breach of regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements in the area of ensuring the premises and equipment were clean, secure, suitable for
purpose and properly maintained. At this inspection, we found that improvements had been made and the provider had taken action to meet the requirements of this regulation.

The registered manager had implemented systems and processes to ensure the service's environment was clean and safe for people to live in. They had introduced a regular series of audits and checks to ensure that staff maintained required standards. The service was undergoing building work at the time of inspection. The registered manager regularly carried out risk assessments and management plans to ensure that the building work caused minimal disruption to people living at the service and the environment remained safe and comfortable.

The registered manager gave strong leadership to the service. People, staff and social care professionals

told us the registered manager approachable, caring and operated an open door policy. The registered manager sought feedback about the service and the quality of care that staff provided. People told us they understood how to complain and felt the registered manager would take their concerns seriously.

Staffing levels were sufficient to ensure that people's needs were met. The service followed safe recruitment processes to help ensure that suitable staff were employed to work with people. Staff received training in safeguarding and understood their responsibilities in keeping people safe from harm. Staff received effective training and ongoing supervision to help enable them to be effective in their role. People told us that staff were caring and considerate in the way they supported people and staff were motivated within their role to provide good quality compassionate care.

Staff managed risks to individuals to help protect people from harm. Where people were involved in accidents or incidents, staff reflected on events to put measures in place to reduce the likelihood of the incident reoccurring. There were safe systems in place to ensure people received their medicines as prescribed. People had access to healthcare services as required to help them maintain their health and wellbeing.

People's care plans reflected their choice about how they would like to carry out their daily routines and how they wished to remain independent in some areas. People ate a diet which reflected their preference. People were given a choice about what they ate and were consulted about menu options. There was a programme of activities in place which was flexibly adjusted according to people's likes and preferences.

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.

Improvements had been made to ensure that the service's environment was clean, safe and equipment was well maintained and in good working order.

Staff received training in safeguarding and understood their responsibilities in keeping people safe from harm.

There were sufficient numbers of staff in place to meet people's needs. The registered manager had followed robust recruitment procedures to ensure staff were suitably skilled and qualified for their role.

There were systems in place to ensure that people received their medicines as prescribed.

Risks to individuals associated with their health and wellbeing were assessed and managed safely.

Is the service effective?

Good

The service was effective.

Staff received appropriate training, induction and ongoing support to effectively carry out their roles.

Staff followed legislation to protect people's rights and freedoms.

People were supported to follow a diet in line with their preferences and physical needs.

People had access to healthcare services.

The service had made adaptions to the environment to make it suitable for people living at the service.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect.

People were encouraged to remain as independent as possible.

Staff were caring and treated people with compassion.

Is the service responsive?

Good

The service was responsive

People's care plans detailed their preferences around daily routines.

People and their relatives were involved in developing and reviewing their care plans.

There was a complaints policy in place and the registered manager sought the feedback of people who used the service.

There was a programme of activities in place which was regularly reviewed in conjunction with people.

Is the service well-led?

Good

The service was well led

The registered manager competed quality assurance audits which monitored the quality of the care provided and safety of the home environment.

There was a clear management structure in place. Staff felt supported by the registered manager in their roles.

The registered manager had implemented an action plan which had successfully met the areas which were identified as requiring improvement at our last inspection.

Ashwood Rest Home

Detailed findings

Background to this inspection

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

This inspection which took place on 9 May 2017 and was completed by one inspector and was unannounced.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous inspection reports and notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with seven people living at the service, and one health care professional. We also spoke with the registered manager, four care staff, and the administrator.

We looked at care plans and associated records for six people and records relating to the management of the service. These included staff duty records over a period of two weeks, four staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

At our inspection on 29 February 2016; we found that the provider did not always ensure premises and equipment were clean, secure, suitable for purpose and properly maintained. This was in relation to the safety of window restrictors, hand washing facilities, shortage of working toilets and bathrooms, accessibility of upstairs floors, maintenance of equipment and hygiene and infection control around laundry arrangements. At this inspection, we found significant improvements had been made , which resulted in the home being clean and providing a safe environment for people to live in.

The registered manager had fitted window restrictors to all windows. This allowed for adequate ventilation whist ensuring the windows did not pose a risk for people falling out of them. Improvements had been made to ensure adequate toilet and bathroom facilities were available to people on all floors of the service and all had hand washing facilities. This helped to support people's continence and promoted good hygiene and infection control practices.

The registered manager told us that the passenger lift on to access the first floor was permanently decommissioned. A new lift was in the process of construction as part of the building works taking place at the service. In the meantime, people could access upstairs floors via stairs or stair lift. The registered manager told us that they had worked with people to ensure that people who may struggle with stairs or a stair lift were offered a bedroom on the ground floor. This meant that they could safely mobilise around the service. People confirmed that they felt there was sufficient access to different areas of the home. One person said; "I can get up and down the stairs, sometimes I use the stair lift", another person told us, "As you can see, I get about by myself perfectly well."

We found that equipment such as hoists and bath lifts were regularly serviced and well maintained. This helped to ensure that people accessed equipment that was safe for their use. There were systems in place to manage laundry and handling of dirty linen. These ensured that people's laundry was handled hygienically, thereby reducing the risks associated with infection control such as cross contamination between dirty laundry.

The registered manager managed other risks to the environment to help keep people living at the service safe. Due to building work at the service, the registered manager had regularly updated emergency evacuation plans to reflect the changing layout of the building. Each person had an individual evacuation plan which detailed the support they required in the event of an emergency, such as a fire. Staff tested emergency equipment such as fire bells on a weekly basis to ensure they were in good working order. The registered manager had contingency plans for loss of essential services such as electricity, water and had made arrangements for alternative accommodation for people if the building needed to be evacuated.

People felt safe living at Ashwood Rest Home. One person told us, "I feel comfortable here now. I have been here a few years now and it is very homely." Another person said, "It is a safe place to live."

Risks to people's personal safety had been assessed and plans were in place to minimise these risks. Risks

identified included, moving and handling, medicines, falls, malnutrition, epilepsy and skin breakdown. One person had a risk assessment in place around how staff should support them to manage their epilepsy. The risk assessment detailed a background to the person's condition, their symptoms and actions staff were required to take if the person had a seizure. This ensured that staff had sufficient guidance in place to provide safe support in relation to this condition. Another person was a risk of pressure injuries. The risk assessment set out measures which staff should employ to reduce these risks. These included regular weight monitoring and use of pressure relieving equipment. We saw staff supporting the person as per risk assessment and their care records reflected that they had not suffered any pressure related injuries.

People were supported by sufficient numbers of staff to meet their individual needs. One person told us, "You can see for yourself that there are plenty of staff here." Staff were available to support people without appearing rushed. They were responsive to people's requests and were able to spend time talking to people about their day, upcoming events, or to reflect on their feelings or concerns. The registered manager told us that people's needs determined staffing levels and they reviewed a dependency tool monthly, which helped them to determine appropriate staffing levels.

The registered manager followed recruitment processes which ensured people were supported by suitably skilled and qualified staff. Recruitment files included an application form with work history, references, and right to work documentation. Staff had attended a competency-based interview and had a Disclosure and Barring Service (DBS) check before starting work. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

Staff had the knowledge to identify safeguarding concerns and act to help ensure people were safe. All staff received training in safeguarding which helped them identify report and prevent abuse. Staff told us about how they would safeguard people and actions they would take if they thought someone were experiencing abuse. One staff member told us, "We had lots of training in safeguarding and can always talk to the registered manager, if we are not sure about something." Another member of staff said, "Safeguarding is about keeping people safe from harm and knowing what to do when someone is at risk." The registered manager showed us records of incidents where they had taken appropriate action and contacted relevant local authority safeguarding bodies with potential safeguarding concerns. The service had a whistleblowing policy in place. This outlined how staff could raise concerns to external bodies such as the local authority or the care quality commission if they felt unable to raise them to somebody in their organisation. Staff were confident in the use of this policy and told us about how they raise concerns if required.

Peoples' medicines were managed and administered safely. Suitable arrangements were in place for obtaining, storing, administering and disposing of medicines. The process for the ordering of repeat prescriptions and disposal of unwanted medicines helped ensure that people had an appropriate supply of their medicines. The registered manager told us a local pharmacy had recently completed an audit of their medicines management systems, where no concerns were identified.

A stock management system was in place, which helped to ensure medicines were stored according to the manufacturer's instructions. Some medicines needed to be stored at specific temperatures to maintain their effectiveness. A refrigerator was available for the storage of medicines which required storage at a cold temperature in accordance with the manufacturer's instructions. Staff monitored and recorded temperatures for medicine storage areas to ensure that medicines were stored at the appropriate temperatures. Where people had control drugs, which are medicines that require a higher level of security, the provider had systems in processes to ensure they were recorded, administered and stored in line with best practice guidelines from The National Institute for Health and Clinical Excellence (NICE).

People were supported with 'as required' (PRN) medicines for conditions such as pain or anxiety. Staff used guidance in people's care plans to help identify when people may need these medicines. Staff observed and prompted people to determine whether they required their PRN medicines. They explained the medicines they were giving in a way people could understand and sought their consent before giving it to them.

Good

Is the service effective?

Our findings

At our previous inspection in February 2016, we found the service did not always assess people's mental capacity in relation to making specific decisions and document best interest decisions for people who lacked capacity. At this inspection, we found improvements had been made and the registered manager had implemented a system and processes to assess and review people's capacity in making specific decisions in line with regulatory requirements. The registered manager had arranged for staff to receive additional training in The Mental Capacity Act (MCA) 2005 from an external training provider. This helped to give staff an understanding how to apply the principles of MCA into their daily working practice.

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any decisions made on their behalf must be in their best interests and as least restrictive as possible. Care records confirmed that where people lacked capacity to make decisions, staff completed assessments using documentation developed by the local authority. They consulted with family members and made decisions in the best interests of people. These included decisions relating to consenting to the content of a person's care plan.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and if any conditions on authorisations to deprive a person of their liberty were being met. We found Ashwood Rest Home was following the necessary requirements. The manager had applied for authorisations, which had been assessed and approved by the local authority.

Staff received training specific to the needs of the people living at Ashwood Rest Home. The registered manager had qualifications and experience to enable them to train their staff. Training was all classroom based and was in line with the Care Certificate. This is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate care to people. Staff attended periodic 'refresher' training. This helped to ensure that their skills and knowledge were following current best practice.

Staff received additional training opportunities to increase their knowledge and skills in their role. The registered manager told us that all care staff had completed or were working towards an additional qualification in health and social care. The registered manager had also designated particular staff to access external training in key areas such as 'pressure injuries' and 'promoting dignity in care'. Staff who attended cascaded information learnt to other staff and acted as support if there were issues or queries about these specific areas.

Staff received an induction tailored to the needs of the people living at Ashwood Rest Home. The induction

included: an introduction to the provider and its values, meeting the registered manager, reviewing policies and procedures related to the running of the service, a tour round the home, introduction to people living at the service and time to work alongside staff to become orientated with their role. Staff completed a set of competency assessments at the end of their induction period. The registered manager told us this helped to assess staff's knowledge and ensure they were working effectively in their role.

Staff received appropriate supervision and appraisal which helped them develop their professional skills. One member of staff said, "You do get a lot of support, supervisions are useful and it gives you a chance to get your point across." Supervisions included discussions about staff's wellbeing and work performance. Staff all confirmed that they regularly received supervision and felt supported in their role by the registered manager.

People followed a diet which suited their preference and was in line with their dietary requirements. One person told us, "I like to eat lots of fruit; I have spoken to the chef who has been excellent and has said they will make the arrangements to buy more in for me." Another person said, "They always give you a choice about what you eat here, it's good." People's nutritional needs were assessed and any people who were at risk of malnutrition were monitored to ensure their weight remained stable. There was nobody at significant risk of malnutrition living at the service at the time of inspection, but the registered was confident in identifying action to take in the event of somebody being at risk.

Staff worked with people to assess and review their food likes and dislikes. This was done through talking to people and asking their opinion about the menu. This had led to the menu frequently changing to suit people's preferences. People chose to eat in the dining room and staff were encouraged to eat their meals with them. The registered manager told us this was to encourage a 'homely' atmosphere and also meant that people who were reluctant to eat could receive support from staff without it seeming intrusive. People were offered a choice of meal and the menu was prominently displayed in the dining room so people could refer to it. One person was offered an alternative meal however changed their mind when the alternative came. The chef prepared a third option for the person, who then proceeded to eat their meal. People had regular access to drinks and staff were proactive in encouraging fluid intake for people.

People had access to healthcare services when required. One person told us, "I have to regularly see the doctor. If I need to arrange anything, I can do this myself or the staff will be available to help." People had access to doctors, opticians, dentists and other health care professionals as required. Where people had experienced changes in health or wellbeing, staff contacted healthcare professionals to ensure that people received the appropriate medical attention. The registered manager had arranged for a chiropodist to visit every six weeks to support people with their nail care. People had a 'hospital grab sheet'. This detailed a summary of each person's health and medical needs. People took these to health appointments so professionals could use them to help them understand people's needs.

The provider had made some adaption to the home to meet the needs of the people living there. The building was undergoing significant building work. The provider, registered manager and staff had carefully planned renovations to minimise the impact for people living at the service. A patio door had been painted with a mural to prevent the building work being visible to people and it also promoted people's privacy, as builders were not able to see in through the door. Noise was kept to a minimum and the registered manager had arranged that building work was not completed during meal times. This helped to ensure people had a quiet and relaxed atmosphere whilst eating.

Good

Is the service caring?

Our findings

Staff had in depth knowledge about people and cared for them with enthusiasm. One staff member told us, "You really get to know people working in this job and become very attached to them." Another member of staff said, "I love what I do working here. I know I make a difference in people's lives, by making them smile, making them laugh, they call me the entertainment and that's really nice because I know I am making people happy and adding to their lives."

All interactions between people and staff were positive, encouraging and friendly. Staff were knowledgeable and familiar of people needs and life history, using humour to engage them in activities. Throughout the inspection, staff took time to talk to people and created a homely atmosphere by taking a light hearted and jovial approach to their role. One person told us, "They are really lovely girls here (staff)." Another person said, "There is always sunshine here (at the service)."

People were encouraged to be as independent as possible. One person commented, "The staff here are very good at letting you remain independent. I am capable of doing many things myself and staff do not interfere in this." People's care plans detailed aspects of their personal care in which they wanted to remain independent. One person enjoyed going out to the local shops on a weekly basis to get some shopping items. They required staff's support to get to and from the shops, but felt it was important that they maintained this routine.

Staff understood the importance of respecting people's choice, privacy and dignity. Staff knocked on people's doors before entering and spoke to people at eye level in a patient manner, which gave them time to process requests and form responses. Some people had shared occupancy in their rooms. Staff told us how they would use a privacy curtain whilst supported people with their personal care to protect their dignity. People's care plans detailed how they would like to dress and specifics about preferences over their appearance. One person's care plan detailed how they would like to be well presented, wear dresses and make up. The person required full assistance from staff in order to meet these preferences. We saw on the day of inspection that these wishes had been followed.

Staff understood how to uphold people's confidentiality. People's care records were stored securely away from communal areas, so were not in view of visitors or other people. Staff handed over information to each other away from communal areas. This helped to ensure that personal or sensitive information about people was kept private.

People's bedrooms were personalised and decorated to their taste. Staff had supported people to identify items to display in their rooms, which were important to them. Some people had pictures of family; other people chose to display pictures of holidays or events they had attended. One person had chosen to display some artwork that they had made. People's rooms were personalised with furniture bespoke to them, they told us they were able to bring items from home with them when they came to live at the service.

People's records included information about their preferences around end of life care arrangements. People

were supported to explore their wishes, which were recorded in an end of life document. Staff had sat with people to explore choices around their care arrangements leading up and after they passed away. Staff told us that this document was updated yearly and acted as a guide as opposed to a legal document.

Good

Is the service responsive?

Our findings

People or their relatives were involved in developing and reviewing their care plans. Staff consulted with people and their relatives to find out about their life histories, likes/dislikes, preferred routines and relationships that were important to them. Staff told us that they found it beneficial to know about people's life histories, as it acted as a frame of reference to engage people in conversation or to comfort them if they became disorientated or confused.

Care plans included information about people's preferred routines around daily living and personal care, including the support they required from staff. One person's care plan detailed the specific routine they liked to follow around bathing, including aspects in which they wished to remain independent and areas where staff were to offer support. Another person's care plan detailed the support a person wanted around their oral care and in particular assistance to ensure their dentures were cleaned and well maintained.

Care plans included information that enabled the staff to monitor the well-being of people. Background information about people's medical conditions was detailed, included how conditions affected people and symptoms for staff to look for which would require additional medical advice. Some people could become upset or anxious when they were confused or disorientated. Guidance in their care plans detailed the support staff needed to give in order to comfort them and help them remain calm. One person's care plan detailed changes in behaviour which would indicate confusion or anxiety. Staff were to provide one to one support during these times in order to give the person reassurance.

People had a range of activities they could be involved in. People were able to choose which activities they took part in and suggest other activities they would like to complete. One person said, "There is a lot that goes on here, I sometimes join in depending on how I feel". Another person said, "I enjoy the singing and the dancing." A member of staff said, "We try to get everyone involved in activities, but respect the fact if they don't. We are always talking to people to get new ideas about things they want to do and are always open to trying something different." Staff told us they were designated to lead on particular activities according to their strengths and interests. One member of staff said, "It's a good system, because everyone gets involved and we can encourage people to join in because we [staff] like the activities too." A board displayed in a communal area detailed upcoming activities, which helped people reference things that were taking place. There was a range of activities available from; exercise, singing, dancing, puzzles and games, external entertainers and reminiscence activities which encouraged people to talk about their past. Some activities were group based whilst others were on a one to one basis. A member of staff told us, "Sometimes one of the most meaningful activities for people are the ones where you just sit, spend some time and talk to them, people really appreciate that."

People had regular access to the community. People told us that they regularly visited local shops or went out for coffee. One person said, "I have lived round here for a long time, so it's nice to get out." Another person commented, "They [staff] have been good in helping me to organise swimming, I will be teaching [staff member] how to swim!"

The registered manager sought feedback about the service from people, relatives, doctors and other visiting professionals. As part of their auditing process, the registered manager would contact a selection of relatives on a monthly basis to ask them about standard of care their relatives receive and whether they felt consulted and involved in their loved ones care arrangements. The registered manager followed up individual issues raised to improve the service as suggested. The registered manager also sent out questionnaires to people, relatives and professionals. The questionnaires asked for their feedback about the service and staff. The responses from the latest questionnaire sent in February 2017, showed a positive feedback from all responders with regard to the environment of the home, communication with families, competence of staff and quality of care provided.

People knew how to complain about the service and the complaints procedure was prominently displayed in communal areas in the building. One person said, "Believe me, if had reason to I would complaint. I know I could go to the registered manager." Records showed that complaints had been dealt with promptly, in accordance with the provider's policy and the registered manager had investigated concerns thoroughly. The registered manager had records of numerous compliments which the service had received from people and their relatives, some of which were displayed in communal areas of the home with the permission of the author.

Good

Is the service well-led?

Our findings

People felt the registered manager ran the home effectively. One person told us, "It is very well run home." A social care professional with experience working with the service told us, "I believe that the registered manager provides good, strong leadership and she is well supported by the owners. I feel that a lot has been accomplished since they took over."

There was a clear management structure in place. A head of care, who supervised a set of senior staff, supported the registered manager. The head of care deputised in the absence of the registered manager if they were absent from the service. The registered manager told us that the providers were very supportive, regularly visiting the service and had invested funds into renovation work at the home to improve the environment.

The registered manager had developed the staff team to consistently display appropriate values and behaviours towards people. The service promoted a homely atmosphere where staff cared for people in an unhurried and dignified manner. One member of staff told us, "We try to make a homely atmosphere for people, because it is their home and we want them to be comfortable". Another member of staff said, "We have done a lot of work around dignity, trying to put yourself in people's shoes. It makes you want to provide the very best care possible."

The registered manager was a prominent presence in the day to day running of the service and understood people's needs. People and staff told us the registered manager would frequently spend time talking to people and working alongside staff, which helped them to understand people's views and the culture of the service. The registered manager told us how they had limited the number of new people coming to live at the service during construction and renovation work. They told us this was to ensure that existing people living at the service suffered minimal disruption throughout the building work. The registered manager also told us they had established positive relationships with hospital discharge teams when people were due to come out of hospital. They told us, "We have to make sure it's right for people to come back and that we have everything in place that they need, otherwise it may result in a quick readmission (to hospital)."

People and staff had confidence that the registered manager would listen to their concerns and deal with them appropriately. One person said, "If I ever had any issues, I know I can speak to the registered manager." One staff member told us, "The registered manager has made a lot of changes since arriving and we can see the benefits." Another staff member commented "The registered manager is very supportive, and I would say she leads by example. She is very open and you can come to her with anything." A third staff member reflected, "The registered manager has helped me grow and increase my knowledge, she is really approachable."

The registered manager had recognised the challenges of making the improvements needed for the service and had taken steps towards meeting them. They had sent us an action plan, detailing the improvements planned, in light of findings from our previous inspection, to ensure the service was meeting the requirements in line with the statutory regulation. They told us, "The previous manager had been at the

home for a long time, so there were some really big boots to fill. We have tried to change things gradually to make sure everyone is comfortable with the changes."

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager completed regular audits to ensure the safety of the service. These audits included: infection control, emergency equipment, kitchen hygiene and safety, review of the service's emergency and contingency plans, health and safety, audits of how the home looked aesthetically externally and internally. In addition to this, the registered manager also carried out regular audits in relation to the quality of care people received. These audits included: medicines, care plans, staff file compliance for pre- employment checks, reviews of people's nutritional needs and monitoring the level of engagement with activities offered to them. These measures helped the registered manager assess, monitor and maintain the quality and safety of the service. The registered manager had made changes to the environment as a result of the findings from these audits. These included, increasing hand washing facilities in the service and painting walls upstairs in a colour which helped people navigate around as it made corridors brighter.

Action taken by staff after accidents and incidents ensured people's safety. Where people had falls, they received medical assistance and staff reviewed their risk assessments around mobility. Some people had had been assessed to use mobility equipment such as walking frames after falls in order to enable them to safely mobilise around the building. There was an open and transparent culture within the home. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the service had met the requirements of this regulation.