Nellsar Limited

Bromley Park Dementia Nursing Home

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

This inspection took place on 07 and 08 October 2014 and was unannounced. At a previous inspection on 04 March 2013 the provider was not meeting the legal requirements in relation to staffing. We found there were not enough staff to meet people's needs. We asked the provider to take action to remedy this. At our inspection of 07 and 08 October we found improvements had been made and the regulations had been met. People and their relatives told us there were enough staff. The manager had increased staff numbers across all aspects of the service. We observed that people's needs were attended to promptly.

Bromley Park Dementia Nursing Home provides accommodation and nursing care for up to 38 people with dementia. On the day of the inspection there were 37 people using the service.

Summary of findings

There was a registered manager in place who had been at the service since February 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People told us they felt safe and well cared for. The atmosphere was calm and relaxed when we visited. We saw risks to people were identified and plans put in place to address these. Staff attended to people's needs promptly and showed patience and care. Staff were evident in all parts of the premises to provide support. Relatives were happy with the care provided.

People's needs were assessed and their preferences identified as much as possible across all aspects of their care. Risks were identified and plans in place to monitor and reduce risks. People had access to relevant health professionals when they needed. Specialist support was sought for staff to help improve their understanding and management of aspects of people's dementia.

There were a number of changes to the premises since our last inspection. The communal areas of the service and some bedrooms had been refurbished. Plans were in place to continue this work on a gradual basis. There was now a dedicated activities room, hairdresser's room and visitor's space. A range of suitable activities were organised that catered for people's varied needs.

Staff told us the manager had made considerable improvements at the service. We found they had identified gaps in training records which they were addressing. Care plans had been reviewed and audited and work was in progress to make these a clear detailed guide for staff with the involvement of people, or their relatives if appropriate. There was a clear system of audits to monitor the quality of the service and actions identified were addressed.

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?

Good

The service was safe. People and their relatives told us they felt safe and staff knew how to recognise abuse and what action to take. Risk assessments were carried out to monitor and reduce risks to people.

Appropriate recruitment checks were made on staff and there were enough staff to meet people's needs.

Medicines were administered safely and there were checks on the equipment at the service.

Is the service effective?

Good

The service was effective. Staff received training so they were sufficiently skilled to undertake their roles. The service sought advice from specialists for dementia.

The service complied with requirements under safeguarding vulnerable adult procedures, Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People received enough to eat and drink. We saw people's fluid and food intake was monitored and appropriate action taken if people lost weight. People's individual health needs were met.

Is the service caring?

Good

The service was caring. People and their relatives told us staff were kind and caring and we observed this to be the case. Staff knew people's preferences well.

People and their relatives told us they felt involved in the care and they felt able to raise any issues informally with staff or the registered manager.

Staff knew how to treat people with respect and dignity as well as promote their independence.

Is the service responsive?

Good

The service was responsive. People's needs were assessed. Staff responded to changes in people's needs. Care plans were up to date and reflected the care and support given. Regular reviews were held to ensure plans were up to date.

Care was planned and delivered to meet the needs of people with dementia. There were a range of suitable activities available during the day.

Complaints were recorded and responded to promptly.

Is the service well-led?

Good

The service was well led. Staff were motivated and caring. They told us the manager had made many improvements and that they were well supported.

People's views about the service were sought. They told us any issues they had were addressed.

There were auditing systems in place to monitor the quality of the service and processes to ensure any necessary action was taken. Audits were analysed to make sure the care provided was safe and effective and issues were addressed

Bromley Park Dementia Nursing 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 checked 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 07 and 08 October 2014 and was unannounced. The membership of the inspection team comprised an inspector, a specialist advisor in nursing and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at the information we held about the service including notifications they had sent us. 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 also spoke with the local authority commissioning and safeguarding teams to gather their views on the service.

During the visit, we spoke with three people using the service, four relatives, three of the nursing staff, six care staff, an activities organiser, a cook, the registered manager and the operations manager for the service. We spoke with the visiting pharmacist. We observed how the staff interacted with people who used the service. Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked around the building. We looked at a sample of seven records of people who used the service and eight staff records. We also looked at records related to the management of the service.

Good

Is the service safe?

Our findings

At the inspection on 04 March 2013 we found there was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found then there were insufficient numbers of staff employed at the service. Following that inspection the provider had sent an action plan that detailed how they would improve in this area. At this current inspection we found the registered manager had increased the levels of staffing across the service. This included care staff, domestic and catering staff. People told us there were plenty of staff at all times. The manager had recruited to fill staffing gaps and used agency staff when needed. There were enough staff to meet people's needs.

People and their relatives told us there were enough staff members on duty to meet their needs. Someone using the service said, "There is always somebody around if you need them." One relative told us "There seems to be enough staff about." During our inspection we observed call bells were answered quickly. We saw people were attended to promptly at their pace and were not rushed. A relative confirmed "The response to calls is usually quick. They are always like that."

All the staff we spoke with told us they were pleased with the staffing levels at the service. Staff rotas confirmed the levels the manager advised were in place.

People using the service told us they felt safe and that staff were mindful of any possible risks. One person said, "I do feel safe here and staff look after others well." Another commented "Somebody is always with me or nearby." Relatives we spoke with all told us they thought their family member was safe here. One person said their family member "is absolutely safe here, that's why we chose it." There was a calm atmosphere at the service on both days we visited and we observed staff give reassurance to someone who was distressed.

We found that the home had procedures in place to protect people from abuse and avoidable harm. Staff we spoke with were familiar with these procedures and could identify signs of abuse. One staff member said "If I had any worries about someone I'd report it to the nurse. We all would. We have to protect our residents." We saw from records that safeguarding training was up to date. Staff were also aware of whistleblowing procedures and knew where they could go to raise any concerns. Where necessary the manager had made safeguarding referrals, worked in cooperation with the safeguarding team and taken any necessary action. This showed the provider followed procedures for reporting and dealing with concerns.

People using the service had risk assessments based on their individual needs. These covered a range of possible risks, for example nutritional risk, skin integrity risk, falls and behaviour that may challenge. These were regularly reviewed. We saw detailed descriptions of the risks identified and guidance for staff on how to support people to reduce the likelihood of any harm coming to them. For example, where a concern had been raised about someone's mobility, action was identified and a new care support plan put in place to reduce the risks. Appropriate checks were in place to monitor skin condition and nutritional risks such as weight charts, nutritional assessments and skin condition monitoring tools. We observed manual handling procedures were carried out safely. Staff we spoke with were familiar with the people that they cared for and any risks that they faced. Risks to people were therefore identified and plans were in place to reduce these risks.

We saw there was a business contingency plan to cover emergencies. Staff knew what to do in the event of a fire and told us that regular fire drills were carried out. The manager confirmed that the fire drills had yet to include the use of evacuation chairs and this would be arranged. Most staff had received recent training in first aid and where they had not the manager told us they were arranging a further training session.

We looked at seven staff records and saw all the necessary identity and character checks were completed.

People who could express their view told us they received their medication regularly. One person told us "I get my medication on time." There was an effective working partnership between the staff and the pharmacist. The pharmacist told us they met monthly with the manager to iron out any problems and ensured they worked well as a team.

There was an effective system of medicines administration. We checked the systems in place and found that accurate records were maintained. Eye drops, insulin and fortified drinks were all stored appropriately and systems were in place to avoid wastage or over ordering. Protocols for

Good

Is the service safe?

homely remedies and 'as required' (PRN) were in place in Medicines Administration Records (MAR) charts and in the associated care plan. Topical cream instructions were clearly written alongside body maps to show where cream is to be applied and these were in the MAR chart folder and the associated care plans. Liquid medication was used if this met people's needs. Where medicines were given covertly there was a mental capacity assessment and best interest documentation in place. This included discussions with the GP, pharmacist, manager and relative if possible to ensure decisions were taken in someone's best interests. We were told that spot checks were undertaken by the pharmacist and saw that fridge temperatures were recorded.

The premises had benefited from a substantial refurbishment in the communal areas since the last inspection. There was a separate activity room, sensory area, hairdresser's and visitor's room as well as two spacious lounges, dining room and conservatory. The garden was easy to access.

There was a maintenance book to record any issues identified. Following the departure of the previous maintenance person, arrangements had been made to cover maintenance tasks using the provider's maintenance team. We saw that maintenance tasks were completed promptly so that any risks to people were reduced.

Health and safety audits had not been regularly completed in the last six months. The manager told us this was due to the absence of maintenance staff. The manager said they completed a regular health and safety walk round of the premises and we saw a check completed on 01 September 2014 in which actions had been identified and completed. The manager told us she would continue the regular walk round and restart the more detailed audits when the new employee was in place.

There was work in progress to address issues highlighted in a fire safety risk assessment carried out on 30 May 2014. We found most priority action areas had been addressed and the remaining work on door closures was being completed. Adequate systems were in place to protect people from risk while the improvement work was being carried out. However on one floor some bedroom doors were being propped open by a member of staff to air rooms. This could be a potential risk if there were to be a fire. We pointed this out to the manager who arranged for appropriate door closures to be put in place while we were at the inspection. They told us they would also remind staff about the need to use these.

There were systems in place to check the maintenance and cleanliness of equipment. We saw records to confirm that equipment such as hoists and wheelchairs were regularly cleaned. There were regular maintenance checks on hoists, the lift, the call bell system and fire equipment and pressure mattresses.

Good

Is the service effective?

Our findings

People told us they thought staff understood their roles and knew what they were doing. Staff told us they had sufficient training so they felt able to care for people effectively. One staff member told us "It's definitely improved here. It's a different place. The manager gives us loads of support and we have plenty of training." Staff also said they were well supported through the supervision and appraisal system which we saw from records the manager had introduced.

The manager told us that accurate training records had not been maintained before she started work at the service. We could see the manager was addressing this and had begun to establish a working training matrix and rectify gaps in training. We noticed medicines training records had not been included on the training matrix and the manager told us this would be added to provide an accurate record of all training. Domestic and catering staff were included on the matrix and received training on dementia and safeguarding as well as training specific to their roles.

Action had been taken by the manager to ensure that staff training was being brought up to date. Training had been provided on a range of areas that the provider considered essential such as dementia, safeguarding and first aid. Other essential training such as Mental Capacity Act 2005 and challenging behaviour was planned and booked. The manager had identified additional training needs for some staff to ensure they had the relevant training to carry out their roles. For example, additional medicines awareness and Namaste training was planned. (Namaste is a recognised programme of relaxation and stimulation for people with advanced dementia.)

We saw the provider used a detailed induction pack to familiarise new staff with their role. We spoke with a new member for staff that had just started their induction and was completing a work shadowing and some training. They explained their induction programme was made up of shadowing, training and people's care plans to help them understand people's needs and how to support them before they provided care.

The provider used outside resources to enhance staff skill and improve the quality of care. Staff worked with the local Care Homes Project using a dementia care tool based on guidelines from the National Institute for Clinical Excellence (NICE). This assisted staff to consider needs of people with dementia who show behaviours that challenge. Staff also worked with Kings College London University as part of the Improving well-being and health for people with dementia (WHELD) research project. This looked at reducing the use of specialist medicines by improving social interactions for people with dementia. Staff we spoke with told us of the benefits to their knowledge and skills in understanding triggers to behaviours and ways to reduce distress for people who used the service. We observed some sensitive and appropriate interactions during the inspection.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We found the provider to be meeting the requirements of DoLS. The manager had made appropriate applications for three authorisations where it was deemed people did not understand the risks to their safety and wellbeing, and was aware of the recent Supreme Court Judgment. For example where people were considered to be in need of constant supervision for their safety. She had notified us about these applications as required to do under the regulations. She was in discussion with the local authority on any implications of the judgement for the service; to ensure they remained within the law and considered the needs of everyone at the service.

There were mental capacity assessments and best interests decisions recorded where needed on people's care records. These followed the Mental Capacity Act 2005 code of practice. For example, there were capacity assessments in place about whether people could make a decision to ring a call bell for support. Best interests decisions were made with relevant people such as relatives or health professionals where needed. Plans were in place to reduce risk. DNAR forms were signed by relatives if appropriate and by the GP. Peoples' rights in respect of decision making were therefore respected.

We saw information on the Mental Capacity Act 2005 and DoLS was available on staff room noticeboards and that this had been discussed at staff meetings to further staff knowledge.

We found people were supported to have sufficient amounts to eat and drink. People told us they enjoyed the food. One person said, "There are large enough portions and you can have an alternative." Another person commented, "The food is fine. I get an alternative if I wanted." One relative told us, "I have no concerns about

Good

Is the service effective?

the quality of food here." Food was prepared and cooked on site. We spoke with the chef about how they met the needs of people using the service. We saw there was a four-weekly seasonal menu. Pictorial menus were available to aid people's choices where relevant. The chef was familiar with people's individual requirements, including their preferences for both food and drinks and any medical requirements or allergies. We were shown the records and saw they included information on any dietary supplements or about the consistency of the food they could manage as well as where they may prefer to eat. There was a copy of this in their care plan and these were updated as required.

Throughout the day snacks were regularly offered to people in the communal areas and in their rooms. Drinks were in good supply and people had jugs and glasses in their bedrooms. Staff who were offering drinks to people had a list of their preferences, such as if they took sugar and offered people a choice of drink.

Where necessary, people's weight and diet was monitored on a regular basis. Each person had a nutrition screening tool and risk assessment where needed. The risk assessment was regularly updated and guidance included in the care plan. Referrals were made to healthcare professionals such as the dietician or the speech and language therapist if people were deemed to be at high risk of malnutrition. People assessed as having particular nutritional or fluid balance needs were monitored accordingly. Fluid balance and food intake charts were completed throughout the day to maintain accuracy and checked by nursing staff. People were supported to maintain good health.

Everyone we spoke with said they were able to see healthcare professionals such as the GP, dentist and optician when they needed to. People could choose to keep their previous GP if this was agreeable to that practice. We heard and saw evidence in records that, when people's needs changed, appropriate referrals were made immediately to relevant community health professionals. Where health professionals had given advice or instructions they recorded this in the care record and this was promptly included in the care plan.

Good

Is the service caring?

Our findings

People told us staff were caring and treated them well. One person told us "The staff are very kind," another said, "Staff are kind and attentive." Relatives also spoke positively about the staff. One relative commented "We can visit at any time and the staff treat me like a friend." Another relative said, "I can't recommend the place highly enough, the staff are angels." A third relative told us, "The staff treat him like a relative, it's as near as having care at home." A fourth remarked "Dad is very happy. We judge the home on this."

We observed staff to be caring and respectful. They asked people about their wishes and preferences before they provided care. They tried to encourage people's independence with their routines as much as possible. Staff laughed and chatted with people where they had time throughout the day. They showed patience, knowledge and understanding of people's needs and how to help them if they were disorientated. People were supported to go at their own pace and not rushed. We observed distraction techniques used effectively to reduce problems, for example through the offer of a walk or a cup of tea or a chat. One staff member told us "I love to be there for them. They need a lot of care and I like to talk to them. People can teach you so much." Relatives were observed to be welcomed and engaged with where appropriate by staff.

All of the staff we spoke with had a good knowledge of the people using the service, their likes and dislikes and histories. We observed staff made an effort to develop relationships with people and share new knowledge about people's interests or preferences to help each other to provide effective care. One staff member said, "We all feel we must give the residents as much love and care as we can, after all this is their home."

We observed from staff interaction and discussion with them that most staff understood the behaviours associated with dementia and the impact they have on the individual and their family. We saw there were good relationships between relatives and the staff. Relatives were offered refreshments and we observed that staff knew most of them well and made sure they were up to date with any changes. There was a relatives' notice board to keep people informed of the activities, current menus or any other relevant information.

We saw evidence of several residents who had been assessed as needing support on 'one to one' basis. Staff told us they rotated regularly when working in this way to ensure a fresh approach and to keep the staff engaged with their work. We observed staff worked to try and give people as much independence as possible and not to feel too restricted by continuous oversight for their safety.

People who could express their views told us they were involved in planning their care. Most people who used the service did not have the capacity to express their views about their care. We found detailed information in the care plans to evidence that care was taken to establish people's preferences over a range of areas such as their diet, personal care and activities where possible from those familiar with them. Staff we spoke with explained how they could tell from body language and gestures whether someone was happy with the care being offered or not. Relatives we spoke with said that they were consulted about their family member's care. One relative told us "They consult us on any care changes." Another said, "They always update me on aspects of his care." We saw the manager was in the process of revising the care plans so that they recorded people or their relatives' involvement in the care planning.

People confirmed that their privacy and dignity was respected. One person said "The staff do knock on doors before coming in and they do try and treat me with dignity and respect." Another told us, "They knock on the door and close it." Relatives also confirmed this to be the case. We observed that dignity and privacy were maintained by staff when meeting people's personal care needs. Discussions with people using the service were mostly discreet, and were conducted in a quiet tone if they took place in a communal area. While manual handling was conducted discreetly, privacy screens were not always in use on the day of the inspection. We drew this to the attention of the clinical lead.

Staff were aware of the importance of respecting people's dignity and what it meant in relation to caring for people. One staff member told us, "I respect them like my parents." The manager told us

"We've got a new website and new brochures and new signage is due."

Good

Is the service responsive?

Our findings

People and their relatives told us they received personalised care that was responsive to their needs. One person told us "I get the choice to do as I please." One relative said, "There is always an immediate response to her need for personal care." Another told us "The care suits dad's needs."

Bedrooms were personalised and we saw evidence of memory enhancing decoration and sensory items to stimulate people's senses. Some people preferred to spend time in their rooms or eat in their rooms. One staff member said "They'll usually all come down, but if they don't want to, then that's fine. We'll encourage them, but sometimes they might just not want to come down. We always respect what they want." People's preferences for when they wanted a bath or shower were recorded and staff confirmed they knew people well and found ways to communicate with people to ensure their needs and preferences about their routine were respected. We observed people to be well dressed and groomed on both days we were there.

The manager told us that they were updating and changing people's care plans to make them more personalised and to provide a more detailed assessment of people's needs. This task was in progress and it was clear from new care plans that they were improved. For example, a picture was available of people's lives and social history, and their likes and dislikes. People's needs across all areas were assessed and detailed guidance provided to staff on how to meet these needs. Those care plans that had yet to be improved had up to date risk assessments and care plans to deliver effective care. We saw where appropriate relatives were involved in reviewing care plans and there was new documentation to record this. To assist staff, particularly visiting staff such as from an agency, a care needs summary was available and provided a snapshot overview of the key areas for care.

Where people displayed behaviour that challenged, the manager had systems in place to record this behaviour and any perceived triggers to try and reduce them from occurring in the future. Staff had had recent training and also had support from relevant health professionals. Staff said the training had helped them develop techniques to manage people's behaviour better and to reduce incidents as they became aware of triggers. One staff member said, "We never use restraint. There's always a way to distract their attention." A relative told us "They handle challenging behaviour very well."

Our observations showed a developing dementia-friendly environment that included creative activities and pleasant surroundings. There were two activities coordinators at the service and a dedicated activities room with a range of suitable activities and equipment. There was an activities schedule on display which included visiting entertainers, flower arranging, knitting, sensory activities. We saw a range of activities were provided in small manageable groups such as a summer painting activity in which people had contributed to paint an outside mural and. kitchen vegetable gardening group. A new activity room had been included in the refurbishment plans. One activity co-ordinator told us that, besides group activities, they offered individual time to people who preferred this and may want some company to do a crossword, read a newspaper or just talk about their past. They said, "I get good support from the care staff with the activities. We work together as a team."

People or their relatives knew how to raise concerns and their views about the care provided were sought. Those people who could express their view said that staff responded to any concerns they had. Relatives said they were encouraged to discuss anything relating to the care given in the home. They told us the manager had an open door and that staff were all very approachable. One relative told us "I do feel I can approach them if there's a problem." Another commented, "The place seems to be run well, they always listen."

Residents and Relatives meetings were held on a regular basis to provide and seek feedback on the service. One relative told us "Mum came to a relatives' meeting and issues were brought up and acted upon." We saw from minutes of meetings that people had been consulted and kept up to date with the refurbishment at the service.

People we spoke with who could express their view knew how to make a complaint if they needed to. One person told us "I have never needed to complain but if I did the staff are there to sort it out." One relative told us, "I've never complained, but I certainly would if needed." Another relative told us "I feel the management would definitely respond to a complaint."

Good

Is the service responsive?

The complaints policy was not on display at the time of the inspection. The manager told us it was because it had been taken down during the redecoration but would be displayed again in the near future. We looked at the recorded complaints since the new manager had arrived. There had been five complaints which had been responded to; four of which had been fully resolved. Appropriate action had been taken to log and investigate complaints and take any necessary action in line with the provider's processes. We saw where people who used the service had made a verbal complaint this had also been recorded and investigated.

Good

Is the service well-led?

Our findings

People, their relatives and staff all spoke positively about the manager. People told us "The manager is often around," and "She does listen to what you have to say and has changed a lot." Comments from relatives included "The manager has made many changes and things are better. We can see the changes," and "The place seems to be run well, they always listen." Some relatives said they had always been very happy with the care provided but had noticed other improvements such as the garden activities.

Staff were positive about the changes that had taken place since the manager had arrived. They said they included the refurbishment, increased staffing and team work. Staff comments included "things are so much better; we work well together as a team now." As well as "You can tell the difference as soon as you walk in. The atmosphere is so much better." "I like the way manager speaks to us. When she interviewed me I thought straightaway that I wanted to work for her."

Staff said they felt valued and included in decisions about people's care. They said the manager was approachable at any time and was often visible in the service.

Regular staff meetings were held and separate meetings for nurses and senior carers to ensure consistent care and promote team work. Staff felt they could express their views at handovers and other meetings. They said their views about people's care needs were asked for by senior staff and that they were listened to. One staff member said "We are part of the manager's vision. We learn all the time and we're involved all the time. We can offer things ourselves from our working experience and we're always listened to. We share good practice, learn from each other and, together, we're making this service better and better."

The manager understood her responsibilities as registered manager and had submitted notifications to us appropriately since their arrival at the service. The manager and clinical lead discussed with us the changes the manager had needed to make when they arrived including changes to staff culture and the challenges and successes with this. The clinical lead told us, "When the manager first started, night staff were often late for their shifts. Now they are always early. People want to come to work." The manager told us she began work early most days to include and involve night staff in what was happening at the home. She showed us records of night checks she had carried out to ensure consistent quality of service. She had also worked an occasional night shift. The manager told us she was well supported by the provider's operations manager who visited the service during the inspection and also by the provider who had funded the refurbishment and staffing changes. The manager demonstrated in discussion an understanding of how she wanted to develop and improve the service.

The provider carried out an annual survey with relatives to seek people's views about the service. We were shown the summary of results. We could see that overall most responses were favourable and further analysis was being done to identify any necessary actions.

There was a detailed handover sheet used at each handover meeting. This allocated staff their individual responsibilities. This ensured all tasks were identified and planned for. Staff told us this worked very well and ensured good team work. The clinical lead said "We observe and listen all the time. It's continuing care and we all need to keep communicating all the time. Day and night. There's no division. We all know what's going on from handover to handover, 24 hours a day."

There was a system of audits in place to monitor the quality of the service. These included a monthly audit for the provider that covered accidents and incidents together with an analysis of these incidents. There was evidence that learning from incidents took place and appropriate changes were implemented such as the use of a crash mat by a bed if someone was prone to fall at night. The monthly audit also covered other aspects of care such as skin pressure concerns, any infections people had, monitoring of transfer between the service and the hospital and weight changes or dietary risks. We saw action recorded to address these issues. These were monitored by the provider's regional manager to ensure actions were completed. Auditing visits also took place that covered aspects of the running of the service such as staff records, medicines records and any complaints.

There were other audits conducted on a regular basis such as medicines, care plan audits and infection control to ensure the smooth running of the service and identify any concerns.

Where reports had been written following visits from professionals such as the local authority commissioning

Good

Is the service well-led?

team we saw that recommendations made were being addressed. For example at the local authority commissioning visit in July 2014 care plans and staff recruitment records had been identified as needing improvement among other things. Action had been taken in both these areas. Following the Environmental Health inspection for 'scores for the doors' the service had been rated four. We saw an action plan had been drawn up to address the issues that had meant the service had not scored full marks. The actions identified had mainly been completed.