Coxbench Hall Limited

Coxbench Hall

Inspection report

Alfreton Road
Coxbench
Derby
Derbyshire
DE21 5BB

Tel: 01332880200
Website: www.coxbench-hall.co.uk

Date of inspection visit:
27 February 2018
06 March 2018

Date of publication:
08 June 2018

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

The inspection visit took place on 27 February and 6 March 2018. It was an unannounced inspection. Coxbench Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Coxbench Hall accommodates up to 39 people in one adapted building. Coxbench Hall provides accommodation and personal care for older people living with a range of health conditions, including physical disabilities and dementia. At the time of our inspection visit there were 34 people living there.

We undertook a focussed inspection of Coxbench Hall on 14 January 2017 to follow up a Warning Notice issued to the provider in November 2016. The focussed inspection only looked at two of the five questions we ask about services: is the service well led, and is the service safe.

We rated both Safe and Well-Led as Requires Improvement, and found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the management of medicines. The overall rating for Coxbench Hall was Requires Improvement. We asked the provider to complete an action plan to show what they would do and by when to improve the service to meet the requirements of the regulations. At this inspection, we found that improvements had been made. People's medicines were now managed safely and in accordance with professional guidance.

Coxbench Hall did not have a registered manager in post at the time of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager's application to become the registered manager is now in progress.

People felt safe living at Coxbench Hall. There were processes and practices in place to ensure people were safeguarded from the risk of abuse. People received their medicines as prescribed. Staff worked with people, relatives and health professionals to identify risks and take steps to minimise harm. Risk assessments were tailored to each person's needs, and staff knew what action to take to reduce risks associated with people's health conditions. People felt supported to maintain their independence. People were kept safe from risks associated with the environment.

There were enough staff to provide the care and support people needed. Checks were carried out to ensure staff were of good character and were fit to carry out their work. The premises were kept clean, which minimised the risk of people acquiring an infection whilst using the service. Accidents and incidents were reviewed and monitored to identify potential trends and to prevent reoccurrences.

People felt staff had the training and skills to meet their needs. The provider ensured that staff maintained the level of skills and knowledge needed to support people in ways that worked for them. People told us

that the food was good and that they were offered choices. People who needed assistance or encouragement to eat were provided with support in a discreet way. People were supported and encouraged to have a varied diet that gave them sufficient to eat and drink.

People were supported to access health services when needed to maintain their well-being. The provider had taken steps to ensure the environment was suitable for people's needs. The provider followed the requirements of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People felt supported by staff who provided care in a good-humoured, friendly, dignified and compassionate way. People and their relatives were involved in planning and reviewing their care and support. People were supported with their care needs in a dignified way and their privacy was respected. Staff understood how to keep information about people's care confidential, and knew why and when to share information appropriately. People's right to private and family lives were respected.

People felt listened to, and that staff responded to their needs and wishes. Staff were knowledgeable about people's individual care needs and preferences. People and relatives felt able to raise concerns and knew how to make a complaint. People and relatives had regular opportunities to provide feedback on the quality of their care. The provider listened to people's views and suggestions to improve the quality of care and took action.

People were supported to express their views about their future care towards the end of their lives, and staff knew how to support people and their relatives in the way they wanted.

People and relatives felt the service was managed well. Staff understood their roles and responsibilities. During our inspection visit, staff were open and helpful, and demonstrated consistent knowledge of people's needs. The manager understood their duties and responsibilities with respect to providing personal care, and felt supported by the provider in their role. They also took part in local health and social care networks in order to access ideas and support to improve the quality of care.

The provider sought peoples' and relatives' views about the service, responded to comments and complaints, and investigated where care had been below the standards expected. There was an open and inclusive culture within the service, and staff had clear guidance on the standards of care expected of them. There were systems in place to monitor and review the quality of the service, which enabled the provider to identify where action was needed and to ensure the quality of care was improved.

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's medicines were managed safely and in accordance with professional guidance. There were processes and practices in place to ensure people were safeguarded from the risk of abuse. Staff worked with people, relatives and health professionals to identify risks associated with health needs and take steps to minimise harm.

Is the service effective?

Good

The service was effective.

Staff maintained the level of skills and knowledge needed to support people in ways that worked for them. People were supported and encouraged to have a varied diet that gave them sufficient to eat and drink. People were supported to attend a range of health and social care professionals, and that any actions arising from appointments were followed up.

Is the service caring?

Good

The service was caring.

People felt supported by staff who provided care in a good-humoured, friendly, dignified and compassionate way. People felt staff listened to them and their views mattered. People and their relatives were involved in planning and reviewing their care and support.

Is the service responsive?

Good

The service was responsive.

People who used the service felt staff responded to their needs and wishes. Staff were knowledgeable about people's individual care needs and preferences. People and relatives felt able to raise concerns and knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that was in accordance with the provider's aims and objectives in providing the service. The provider appropriately notified CQC of any significant events as they are legally required to do. There were systems in place to monitor and review the quality of the service.

Coxbench Hall

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.

The inspection was prompted in part by notifications of two separate incidents following which one person using the service died, and another sustained a serious injury. The incident relating to the death of a person was subject to a coroner's inquest. While we did not look at the circumstances of the specific incident, which may be subject to criminal investigation, we did look at associated risks. However, the information shared with CQC about the incidents indicated potential concerns about the management of risk of falls. This inspection examined those risks.

The inspection visit took place on 27 February and 6 March 2018, and the first day was unannounced. The inspection visit was carried out by two inspectors 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. The second day of our inspection was carried out by one inspector.

Before our inspection visit we reviewed the information we held about the service including notifications the provider sent us. A notification is information about specific events which the service is required to send us by law. We also spoke with Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services.

During the inspection visit we spoke with seven people who used the service, and three relatives. We spoke with six care staff and one kitchen staff member. We spoke with the manager, deputy manager, and the provider's nominated individual. We also spoke with three of the directors of Coxbench Hall. We received the views of one external health and social care staff. We looked at a range of records related to how the service was managed. These included three people's care records. We also looked at three staff recruitment and training files, and the provider's quality auditing system.

On this occasion we did not ask the provider to send us a Provider Information Return (PIR). This is a form

that asks the provider information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

Not all of the people living at the service were able to fully express their views about their care. We 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. We asked the provider to send us information about staff training, policies, staff meetings and meetings with people and relatives, and actions taken to maintain the environment after the inspection visit, and they did so.

Good

Is the service safe?

Our findings

At our previous inspection on 14 January 2017, we found there was inconsistent administration of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. At this inspection we found improvements had been made regarding the management of medicines.

People's medicines were managed safely and in accordance with professional guidance. People felt staff supported them to manage their medicines safely. We identified that medicine fridge temperatures were not consistently recorded every day, and raised this with the manager. They took action to ensure this was done. We also identified other minor errors in recording, which staff immediately took action on. Staff told us and records showed they received training and had checks to ensure they managed medicines safely. Evidence confirmed staff knew what action to take if they identified a medicines error. Staff and the provider said they were now working with a different pharmacist and found the support given very helpful in ensuring their systems for managing medicines were safe. The provider had up to date guidance for staff which was accessible for staff who dealt with medicines. Staff took time to explain to people what their medicines were for, and checked people were happy to take their medicines. This meant people received their medicines as prescribed.

We recommend that the service considers best practice guidance in relation to the maintenance of good records.

People and relatives told us they felt safe living at Coxbench Hall. One relative said their family member was, "Safe and well cared for." A health professional felt people living at the service were cared for safely. Staff knew how to identify people at risk of abuse and were confident to recognise and report concerns about abuse or suspected abuse. They also knew how to contact the local authority or the Care Quality Commission with concerns if this was needed. The provider had a policy on safeguarding people from the risk of abuse, and staff knew how to follow this. Staff received training in safeguarding people from the risk of avoidable harm. There were processes and practices in place to ensure people were safeguarded from the risk of abuse.

People felt supported to maintain their independence. One person told us they liked to be as independent as possible when walking about the service, and commented, "I feel very safe." They told us they could do this whenever they wanted fresh air or a walk, and this was important to them. We saw several people accessing the garden facilities, despite inclement weather. Staff checked with people that they had suitable clothing and footwear to go outside, and ensured people knew support was available if they needed this. There was a balance between keeping people safe and enabling them to maintain their independence.

Staff worked with people, relatives and health professionals to identify risks and take steps to minimise harm. Risk assessments were tailored to each person's needs, and staff knew what action to take to reduce risks associated with people's health conditions. For people who were at risk of falling, we found risk assessments and associated care plans had been completed, and staff knew what action to take to support

people. Risk assessments and associated care plans were reviewed with people regularly and updated to ensure staff knew how to support people safely. People were protected from the risk of avoidable harm.

People were kept safe from risks associated with the environment. The provider ensured regular checks were carried out to ensure the safety of equipment and premises were up to date, for example gas safety, portable electrical appliances and the hoist. There were weekly checks to ensure the fire alarm system worked. A fire risk assessment had been carried out and reviewed, and action taken to ensure the risks associated with fire were minimised.

People's care records contained emergency information and contact details for relatives and other key people in their lives. Each person had a personal emergency evacuation plan which contained information on how to support each person to remain safe in the event of an emergency. Staff knew what to do in the event of an emergency, and the provider had a business contingency plan in place. This ensured people would continue to be supported safely in the event of an emergency.

There were enough staff to provide the care and support people needed. People, relatives and staff said staffing levels were sufficient and our observations on this inspection visit supported this. The provider regularly reviewed people's care needs and adjusted staffing levels to ensure people received the care they required.

Staff told us, and records showed the provider undertook pre-employment checks, which helped to ensure prospective staff were suitable to work with people receiving care. This included obtaining employment and character references, and disclosure and barring service (DBS) checks. A DBS check helps employers to see if a person is safe to work with people using care services. All staff had a probationary period before being employed permanently. This meant people and their relatives could be reassured staff were of good character and were fit to carry out their work.

The premises were kept clean, which minimised the risk of people acquiring an infection whilst using the service. Domestic staff carried out a range of daily and weekly tasks to ensure the service was clean. Staff described and understood infection control procedures, and followed these, using personal protective equipment when required. The provider carried out checks in relation to cleanliness and infection prevention and control to ensure this was effective. This ensured the risks associated with infections were minimised, and the premises were clean.

Staff understood their responsibilities to report accident and incidents, including falls. These were reviewed and monitored to identify potential trends and to prevent reoccurrences. We saw documentation to support this, and saw where action had been taken to minimise the risk of future accidents.

Good

Is the service effective?

Our findings

People's needs and choices were assessed and care delivered in line with current legislation and guidance in a way that helped to prevent discrimination. Assessment of people's needs, including in relation to protected characteristics under the Equality Act were considered in people's care plans with them. For example, people's needs in relation to any disability were identified. This helped to ensure people did not experience any discrimination.

People felt staff had training and skills to meet their needs. All staff had a probationary period before being employed permanently. New staff undertook the Care Certificate as part of their induction. The Care Certificate is a set of nationally agreed care standards linked to values and behaviours which unregulated health and social care workers should adhere to. The provider had an induction for new staff which included training, shadowing experienced colleagues, being introduced to the people they would be caring for, and skills checks. Staff said this gave them the skills to provide personal care for people. Staff undertook training the provider considered essential, including safeguarding and managing medicines. Staff said and records showed they received refresher training to help them continue to meet people's needs. Staff had meetings with their supervisor to discuss their work performance, training and development. The provider also ensured staff skills and competency were to the standards they required through regular checks of their competency. The provider ensured that staff maintained the level of skills and knowledge needed to support people in ways that worked for them.

People told us that the food was good and that they were offered choices. One person said, "It's very good, I must say," and another commented, "The food is good, and there's a mix of hot and cold drinks." A health and social care professional commented positively on people being given support and encouragement to eat in a respectful way. Records showed people were offered a varied menu, with options available for people with specific dietary requirements. The provider regularly completed surveys to seek people's views on the range of food and drink options, and feedback on this showed the provider responded to ensure the quality of mealtimes improved. Where people expressed views about wanting different options, or different times for their meals, their preferences were met.

People who needed assistance or encouragement to eat were provided with support in a discreet way. Staff knew who needed additional support to eat or special diets, for example, fortified diets or appropriately textured food and thickened drinks. Mealtimes were calm and people were not rushed. Staff had time to ensure everyone had the support they needed, and people were regularly offered drinks and more food if they wished. People who were at risk of not having enough food or drinks were assessed and monitored, and where appropriate, advice was sought from external health professionals. People were supported and encouraged to have a varied diet that gave them sufficient to eat and drink.

People told us they were supported to access health services when needed to maintain their well-being. A health professional said staff had, "Extensive knowledge about residents' medication and care needs," which ensured the weekly 'clinic' at the service run by the GP surgery staff was effective. Care plans identified what people's health needs were and detailed how staff should support them. Staff kept daily notes

regarding health concerns for people and action taken. This enabled staff to monitor people's health and ensure they accessed health and social care services when required. Records confirmed that people were supported to attend a range of health and social care professionals, and that any actions arising from appointments were followed up.

People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised. People had access to a large garden area, and the footpaths were designed to give easy access to people using walking aids or wheelchairs. People told us they were free to choose which parts of the building they wished to spend time in, and were not restricted to certain areas of the service. Improvements had been made since the last inspection to improve the environment for people with dementia and visual impairments. People were involved in discussions about improvements to the decoration of the service, and told us this was a positive experience. For example, people had been involved in choosing new flooring which ensured people could move about more safely. This meant the provider had taken steps to ensure the environment was suitable for people's needs.

The provider followed the requirements of the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People and their relatives confirmed staff sought permission before offering personal care, and we saw examples of this throughout the inspection. People's care was regularly reviewed to ensure any restrictions in care were legal and in proportion to any risks. Staff understood the principles of the MCA, including how to support people to make their own decisions. Staff understood what the law required them to do if a person lacked the capacity to make a specific decision about their care. They told us they had received training in this area and records confirmed this. Where people had capacity to consent to their personal care, this was documented. Where people lacked capacity to make certain decisions, the provider followed the principles of the MCA to ensure best interest decisions were made lawfully.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The provider had sought authorisations appropriately for people, but at the time of our inspection visit, no-one was subject to a DoLS authorisation. The provider was working in accordance with the MCA, and people were protected from care practices that were overly restrictive and unlawful.

Good

Is the service caring?

Our findings

People felt supported by staff who provided care in a good-humoured, friendly, dignified and compassionate way. One person said, "They couldn't be any nicer. [Staff] have helped me to get better, and I've been very well looked after." We saw staff support people in a calm and caring manner during our visit. When people indicated they wanted something, staff responded in a timely manner, and demonstrated respect in the way they spoke with people throughout the day.

People felt staff listened to them and their views mattered. They commented positively on staff who took time to provide care and did not rush them. People's care plans recorded preferences about how they were supported, and staff demonstrated their knowledge of this in the ways they offered personal care. The service had taken part in the local authority's Dignity Award campaign, and had achieved an award for this. Derbyshire County Council states, 'A key test is if you're treating people with the same dignity and respect as you would want for yourself or your family'. We saw throughout our inspection visit that staff supported people with dignity, respect and warmth.

People and their relatives felt involved in planning and reviewing their or their family members' care and support. Staff told us people were supported to express their views and wishes about their daily lives. Care records showed people and, where appropriate, their relatives, had been involved in reviewing their own care. People had access to advocacy services to support them to put forward their views and wishes about care. Staff knew how to support people to access this.

People's care plans contained information about their likes and dislikes, hobbies and friendships, and key information about life events. Where it was not possible to obtain this information from people directly, staff asked family members to provide information they felt was important about people's lifestyle choices. People's care plans reflected their personal choices and preferences for their daily lives. Some people needed additional support or time to communicate. For example, one person had a communication tool relating to food and drink choices which had been developed with them. This enabled them to supplement their limited verbal speech with written words and pictures. Staff used the communication tool to assist the person to express themselves.

People were supported with their care needs in a dignified way and their privacy was respected. They told us, and we saw staff always knocked on bedroom and bathroom doors and waited for a response before entering. People were asked by staff if they wished to have protection for their clothing at mealtimes, and this was done in a discreet and tactful manner. Staff understood how to support people well in this respect. For example, when people were supported to the toilet, staff did this in a way that maintained people's privacy and dignity. Throughout our inspection visit we saw staff demonstrated that they provided care in ways that protected people's dignity and privacy. This showed these values were a core part of the staff team's approach to supporting people.

Staff understood how to keep information about people's care confidential, and knew why and when to share information appropriately. We saw throughout the inspection staff did not discuss people's personal

matters in front of others, and where necessary, had conversations about care in private areas of the service. Care staff had access to the relevant information they needed to support people on a day-to-day basis. Records relating to people's care were stored securely. We noted two occasions when a computer in a lounge, containing confidential information about people's care, was left unlocked. We raised this with staff, who took immediate action to secure the information, ensuring people's confidentiality was respected.

People said they were supported to maintain contact with their families and friends if they wished to, and there were no restrictions on people who wished to go out. People were supported to spend private time with family and friends, either in their own rooms, or in one of several lounge areas in the service. This showed people's right to private and family lives were respected.

Good

Is the service responsive?

Our findings

People who used the service felt listened to, and that staff responded to their needs and wishes. Staff were knowledgeable about people's individual care needs and preferences. They also demonstrated they knew about people's life histories and what was important to them. People told us and evidence showed there were trips out and activities to suit people's preferences, including ensuring people's religious and other diverse needs were met. One person described the support they had to visit their library, as it was important to them to continue to do this. Another person told us about their regular trips to local shops, and said they liked being able to carry on with this routine. Staff said they always asked people if they wanted to join in any planned activities, or if they wanted alternative activities; records viewed supported this. Forthcoming activities were advertised throughout the home and in the provider's newsletter, and relatives and friends were also encouraged to participate in activities. This included activities to ensure people were supported to participate in faith services if this was important to them. The provider offered a range of group and individual activities that met people's preferences.

Information about care and activities was available to people in other formats, such as large print or audio recording. This helped ensure people had information about their care and support in ways which were meaningful to them, and the provider took steps to meet the Accessible Information Standard. The aim of the accessible information standard is to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need.

People and relatives felt able to raise concerns and knew how to make a complaint, and were aware the provider had a complaints procedure to support this. There was information around the service about how to make a complaint. The provider had a complaints policy and procedure in place, which recorded the nature of the issue, what action was taken and who had responsibility for this. Three formal complaints had been dealt with since our last inspection, and we could see where action had been taken as a result. The provider also looked at complaints on a regular basis to see whether there were any themes they needed to take action to improve. This meant the provider had a responsive system to resolve concerns and complaints.

People and relatives had regular opportunities to provide feedback on the quality of their care. People and staff told us, and records confirmed the provider regularly made improvements to the quality of the service in response to feedback. The provider held meetings for people and relatives to talk about the quality of the service. On the first day of our inspection visit, people's views were being sought about the range of activities offered. People, relatives and staff were given copies of the provider's regular newsletter. This had information about activities, events and improvements made. For example, the Spring 2018 newsletter mentioned a trial where key doors were painted a contrasting colour to help people orient themselves better in the building. The provider told us they had introduced this in consultation with people, and would be seeking feedback on the effectiveness of the trial. This demonstrated the provider listened to people's views and suggestions to improve the quality of care and took action.

People and, where appropriate, their relatives were involved in discussions about their wishes regarding care towards the end of their lives. This included where people would like to be at the end of their lives, whether they would like to receive medical treatment if they became unwell, and in what circumstances. People had advance care plans in place which included, where appropriate, clear records of their wishes about resuscitation. This meant people were supported to express their views about their future care towards the end of their lives, and staff knew how to support people and their relatives in the way they wanted.

Good

Is the service well-led?

Our findings

People and relatives felt the service was managed well. A healthcare professional said they felt the way the service was managed ensured a high quality of care based on people's individual needs. They also felt the manager promoted an open and fair culture, and spoke positively of their skills and knowledge. Staff spoke positively about their work and the support they received from the manager and from each other. They felt confident to raise concerns or suggest improvements. Staff understood their roles and responsibilities, and demonstrated they were trained and supported to provide care that was in accordance with the provider's aims and objectives. During our inspection, staff were open and helpful and demonstrated consistent knowledge of people's needs.

Coxbench Hall did not have a registered manager in post at the time of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager's application to become the registered manager is now in progress.

The provider appropriately notified CQC of any significant events as they are legally required to do. They had also notified other relevant agencies of incidents and events when required. The manager understood their duties and responsibilities with respect to providing personal care, and felt supported by the provider in their role. They also took part in local health and social care networks in order to access ideas and support to improve the quality of care.

People, relatives and staff felt able to make suggestions to improve the service, and raise concerns if necessary. The provider also sought people's and relatives' views about the service, responded to comments and complaints, and investigated where people or relatives felt care had been below the standards expected. This assured us people, relatives and staff were able to make suggestions and raise concerns about care, and the provider listened and acted on them.

The provider had recently taken part in a project with the local Clinical Commissioning Group to improve support for people who were at risk of poor food and fluid intake. This had resulted in some people gaining weight and improving their nutrition. Staff had also recently promoted more use of technology to enable people to keep in touch with relatives who could not visit as often as they wished. We saw evidence that a staff member's caring skills had been celebrated in a local newspaper annual awards event. The provider had also developed links in the local community. For example, people were supported to take part in a Christmas card design competition with a local community group. This meant people were encouraged to build and maintain links in their local community to improve both their health and well-being.

The provider had policies and procedures setting out what was expected of staff when supporting people. The provider's whistleblowing policy supported staff to question practice and raise concerns regarding the practice of others. Staff said if they had concerns they would report them and felt confident the manager would take action. This demonstrated an open and inclusive culture within the service, and staff had clear

guidance on the standards of care expected of them.

The provider undertook essential monitoring, maintenance and upgrading of the home environment. External professionals also carried out audits. For example, the service had been inspected by the local authority environmental health office on 28 February 2017 and received the highest rating. The provider took timely action to ensure people received necessary care, support, or treatment from external health professionals. They also monitored and reviewed accidents and incidents. This allowed them to identify trends and take appropriate action to minimise the risk of reoccurrence. The service had established effective links with local health and social care organisations and worked in partnership with other professionals to ensure people had the care and support they needed.

There were systems in place to monitor and review the quality of the service. The manager and provider carried out checks of the quality and safety of people's care. Checks included the monitoring of people's care and the service environment, how people felt about care and regularly seeking people's views about the service. For example, the provider had taken steps to improve how people's risk of falls was assessed, monitored and reviewed. We identified that the audit system had not picked up a gap in one person's care records, and spoke with staff about this. They said they would take action to ensure information was consistently available about the person's dietary needs to both kitchen staff and staff providing personal care. However, we saw overall improvements to the way the provider's audit system picked up issues with care. This enabled the provider to identify where action was needed and to ensure the quality of care was improved.