Imperial Care Homes Limited

Field View

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

Summary of findings

Overall summary

The inspection took place on 10 May 2017 and was unannounced.

The service provides residential care for up to 17 older people. At the time of our inspection 16 people were using the service.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We had previously carried out an inspection on 9 February 2016 during which we identified four breaches of regulation. These related to the poor management and recording of risk, insufficient numbers of staff and failure to assess people's capacity to give consent. We also identified a breach relating to the overall governance of the service. We issued four requirement notices and the service supplied an action plan detailing how they would make the required improvements. At this inspection we found improvements in all areas that had previously concerned us.

People received safe care which met their individual needs.

Staff were trained in safeguarding people from abuse and the manager understood their responsibility to refer incidents appropriately to the local authority safeguarding team for investigation and to inform the Care Quality Commission.

Risks were assessed and documented in care plans and environmental risks were well managed.

There were enough staff to keep people safe and to enable them to live their lives in the way they chose.

Medicines were managed safely and people received their prescribed medicines when they needed them.

Infection control measures were in place and staff had an understanding of how to reduce the risk and spread of infection.

Staff received an induction and relevant training to help them carry out their roles. Staff were supported with regular meetings, supervision and appraisal of their performance.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The MCA ensures that people's capacity to consent to care and treatment is assessed. If people do not have the capacity to consent for themselves the appropriate professionals, relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests according to

a structured process. DoLS ensure that people are not unlawfully deprived of their liberty and where restrictions are required to protect people and keep them safe, this is done in line with legislation. Practice related to MCA and DoLS was in line with legal requirements.

People who used the service were happy with the food and were supported to eat a varied diet.

People were supported to access the healthcare support they needed promptly. There was evidence of good partnership working with the district nursing team.

Staff were caring and treated people respectfully, ensuring their dignity was maintained. Good, caring relationships were evident between the staff and those they were supporting and caring for.

People who used the service, and their relatives, were involved in planning and reviewing their care and had opportunities to feedback about the service.

People were supported to follow their own hobbies and interests.

A complaints procedure was in place and formal complaints were dealt with appropriately and in a timely way. Informal issues were well managed and resolved quickly to people's satisfaction.

Audits were in place to monitor the safety and quality of the service and the manager took overall responsibility for ensuring that any identified actions were put in place. There was a commitment to continuous improvement of the service.

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.

Staff understood their responsibilities with regard to safeguarding people from abuse and had received appropriate training.

Risks to people were well managed and staff demonstrated skills in reducing risks to people.

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

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received a comprehensive induction and training was provided to help staff meet people's individual needs.

Staff had received training in MCA and DoLS and demonstrated an understanding of the requirements.

People were positive about the food and were supported to eat a healthy diet.

People were promptly supported to access healthcare professionals when they needed to.

Is the service caring?

Good

The service was caring.

Feedback from people who used the service and relatives was positive about the kindness and patience of the staff.

People's privacy and dignity was maintained and their anxiety alleviated.

Is the service responsive?

Good

People's care needs were assessed before they were admitted to the service and they, and their relatives, were involved in assessing, planning and reviewing care which responded to people's individual needs.

People were supported to follow their own interests and hobbies.

A complaints procedure was in place and any issues raised were responded to appropriately.

Is the service well-led?

Good

The service was well led.

Staff felt well supported by the manager.

There was a comprehensive system of audits in place to monitor the quality and safety of the service.

The manager had good oversight of the service and was focussed on continuous improvement.

Field View

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 took place on 10 May 2017 and was unannounced.

The inspection team consisted of one inspector and one 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. Our expert had experience of services for older people.

Before we inspected we reviewed the information we held about the service. This included any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law.

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 spoke with ten people who used the service, two relatives, one visiting health and social care professional, the cook, two care staff, the day to day manager and the registered manager who is also the owner of the business.

We reviewed three care plans, six medication records, three staff files, staffing rotas for the weeks leading up to the inspection and records relating to the quality and safety of the service and its equipment.

Good

Is the service safe?

Our findings

There were systems in place which were designed to keep people safe and people told us they felt safe. One person stated, "I feel safe living in these surroundings and with the people that live here". Other people echoed this sentiment. Staff had received training in safeguarding people from abuse and systems were in place to try to reduce the risk of abuse. Staff were able to tell us what they would do if they suspected or witnessed abuse, and information was available to guide staff if they needed to make a safeguarding referral to the local authority. Staff were clear about how to raise a safeguarding concern both within the organisation and to an external agency such as the Care Quality Commission (CQC). They demonstrated they would be confident in raising any concerns they had about a colleague's practice if they felt it was putting people at risk.

Staff were aware of the service's whistle blowing policy and this was covered as part of their induction. The service had appropriately notified CQC when a potential safeguarding concern had been identified and the manager was aware of their responsibility to report safeguarding concerns.

At our previous inspection we found that there was a breach of regulation regarding the poor management of risk. Risks had not been appropriately assessed and care records had not reflected that people's changing needs placed them at greater risk. At this inspection we found the service had made significant improvements in the way risks were managed and recorded.

Risks relating to the environment had been assessed and measures put in place to reduce these risks. There was good oversight of risk and a regular health and safety audit was carried out. Fire detecting and fire-fighting equipment was regularly checked and serviced. Fire evacuations were practiced regularly and fire calls bells checked weekly to ensure they were working correctly. Equipment was available to help staff evacuate people who used the service in an emergency and each person had a personal emergency evacuation plan (PEEP) which clearly identified any particular needs which would need to be taken into account in an emergency, such as reduced mobility. Staff were aware of the PEEPS and knew those people who would need additional assistance in an emergency. We did note an area not used by people who used the service, which had a partially blocked stairway and fed this back to the registered manager who assured us they would attend to this as a priority.

Hoists, lifts, and call bells were tested regularly and serviced appropriately. Water tests were carried out to ensure the water temperature did not pose a risk to people and the risk of legionella bacteria had been assessed and actions taken to reduce the risk. Window restrictors were in place upstairs to reduce the risk of people falling from height.

Measures were in place to reduce the risk and spread of infection. Staff were knowledgeable about infection control and systems were in place to ensure the regular cleaning and deep cleaning of the services. On the day of our inspection the bathroom curtains had been taken down for a wash and this corresponded with the service's new cleaning schedule. A recent infection prevention and control audit had been undertaken by Norfolk County Council and had made a number of recommendations and we saw that action had been

taken to address the significant issues raised. We saw that a bathroom carpet remained in place but accepted that all people who used the service had their own en suite facilities which were not carpeted. We inspected the bathroom and found it to be clean and odour free, as was the rest of the service.

The laundry, although small, had a system in place to separate clean and dirty laundry. There were plans in place to extend the laundry to make a more user friendly space for staff to work in and help to further reduce any risk of cross infection.

We saw that risks, such as those related to moving and handling, prevention of pressure sores, the use of bedrails, choking and a person's risk of falling, had been assessed and actions to reduce these risks were well documented in care plans. Risk assessments reflected people's current needs and were subject to monthly review.

People's risk of falling was assessed and patterns and trends analysed on a monthly basis. Equipment, such as sensor mats, to alert staff that a person at high risk of falling had got out of bed, were in place for some people. We observed staff working safely according to people's moving and handling care plans. Risk assessments regarding moving and handling were detailed and contained guidance for staff such as the exact sling size to use when hoisting someone. Slings were seen to all be in good condition and regularly checked.

Pressure care was equally well managed and staff demonstrated a good knowledge of how to reduce the likelihood of someone developing a pressure sore. Equipment such as pressure relieving mattresses and pressure cushions were in place for people who were at risk of developing a pressure sore.

At our previous inspection we had identified a breach of regulation as there had not been enough staff on duty to meet people's needs promptly. At this inspection we saw that staffing levels had been reassessed and there were sufficient staff on duty to meet people's needs during the day and at night. People who used the service, their relatives and staff, told us they felt there were enough staff on duty to meet people's needs and keep them safe.

A person who used the service commented, "I haven't had any difficulties with the staff. It doesn't matter if it's a little help just taking your jumper off they always come quickly". The service was fully staffed and most staff had worked at the service for many years. Agency staff were never used. This helped to ensure that people were supported by staff who knew them, and their needs well. Staff told us that they were happy with staffing levels. One staff member said, "Everything just jogs along nicely". Another commented, "We have three on. It's enough. It's fine". We noted that call bells were promptly responded to during our inspection and a relative told us, "The alarm bell rings and they respond very quickly, within seconds". Another relative commented, "I think there are enough staff. There are always staff about when I visit".

Staff told us they felt able to raise the issue of staffing levels with the manager if they felt that people's needs had increased and staffing levels needed to be adjusted. The manager had recently produced a new dependency tool to assess staff numbers. This simple tool provided an effective way to identify people's staffing needs. We saw that these were kept under regular review and had recently been updated following two new admissions to the service. Rotas confirmed that staffing levels were stable and people were regularly supported by staff who knew them well.

Staff employed at the service had been through a structured recruitment process before they started work. Staff had checks in place from the Disclosure and Barring Service to establish if they had any criminal record

which would exclude them from working in this setting. Interviews took place to establish if staff had the skills and qualities needed to carry out the role safely and effectively. We noted that one person's most recent employer had not been used as a reference. The manager told us that they had attempted to contact the employer unsuccessfully but this was not recorded.

Medicines were managed safely and people received their prescribed medicines on time. One person told us, "I have 10 tablets in the morning, three between 4pm and 5pm and two paracetamol at bedtime. They are always given on time". Another person was very positive about how the staff made sure their pain was controlled saying, "I have a lot of pain so I need painkillers. The staff wouldn't let me be in pain".

All staff had received relevant training and their competency to administer medicines was checked annually. There were systems in place for the ordering, storage, administration and disposal of medicines including controlled drugs. Information about what people's medicines were for was made very clear to staff. Protocols were in place for PRN medicines although these were located in the person's care file rather than the medication administration record (MAR), which might have made the information clearer for staff. PRN medicines are those which are given only occasionally and not on a consistent basis, such as paracetamol for pain relief.

We noted MAR charts had been appropriately completed by staff and there were sufficient stocks of medicines available to give them to people as prescribed. We noted one stocktaking error with a person's PRN paracetamol but stocks of eight other medicines, including controlled medicines, tallied with records held. We also found that three open liquid medicines had not been dated on the day they had been opened. All three had been very recently prescribed and would therefore have been safe to administer but good practice dictates that opening dates should be noted to ensure medicines remain safe and effective to use. Prescribed medicines were made available without delay when people had become unwell and needed antibiotics for example.

Good

Is the service effective?

Our findings

People who used the service, and their relatives, were very positive about the skills and expertise of the staff and consistently told us staff understood their needs. One relative told us, "I go unannounced. I see what I see. [My relative] is always up and dressed. [They] are clean. The caring staff are friendly and polite….I've got complete faith and trust in the place. They do a great job".

When first employed staff undertook a comprehensive induction which was designed to ensure they had the required skills and competences to carry out their roles effectively. Staff who did not already have a nationally recognised qualification in care such as an NVQ undertook the Care Certificate during their probationary period. The Care Certificate is a set of standards for health and social care workers to meet in their daily working life. It relates to minimum standards that should be covered as part of induction training of new care workers. We reviewed staff files, and confirmed that each person had received a structured induction, checks on their competency and supervision sessions.

Formal supervisions were held three or four times a year and an annual appraisal system was in place. Support and guidance for staff was also evident in the regular staff meetings and care staff confirmed that they were able to raise issues at these meetings and could seek support from senior staff and the manager at any time. One staff member described this saying, "[Senior staff] are all approachable. I had a supervision a few weeks ago but I can bring issues to [the manager] in between".
Care staff received a range of relevant training including training in nutrition, dementia, diabetes, end of life care, moving and handling people, fire and first aid. All care staff except one person had an NVQ level two or three in care. One care staff member said, "We've had quite a lot of training. I can't think that there's anything else I need".

Training was refreshed at least every three years and specific additional training was provided for staff. For example one staff member told us that they were keen to have a more in depth understanding of end of life care. The manager had arranged for them and some other colleagues to undertake some bereavement training and to visit a local funeral director to have a better understanding of death. Both staff we spoke with about this training praised it highly with one saying, "It was nice to see what happens after. It was very touching".

At our previous inspection we identified a breach of regulation relating to people's consent. We found that the service had not been working in accordance with the requirements of the MCA and had failed to assess people's capacity to consent to decisions about their care and treatment. At this inspection we found considerable improvements had been made and people were being appropriately supported to consent.

Throughout our inspection we observed staff asking for people's consent before providing them with care and treatment. People's capacity to consent to aspects of their care and treatment was documented in their care plans and signed by them. We saw that people had recorded their signed consent to various matters including receiving care and treatment (including receiving care from a staff member of a particular gender), having their photograph used and to receiving first aid. Some specific issues had also been considered, such

as two people who used the service had been assessed as capable of consenting to share a room together.

Staff had been provided with training in MCA and DoLS and were knowledgeable. The manager had recently set aside time in a staff meeting to test staff knowledge of the MCA and DoLS and found staff understanding had increased. Information regarding MCA was prominently displayed in the staff area of the service and additional and easily accessible information had been drawn up in a file for staff to refer to.

One DoLS application had recently been appropriately submitted to the local authority and the service was waiting to hear the outcome. No person was subject to unnecessary restriction of their liberty and people were seen to be free to come and go as they pleased.
Care plans made people's wishes clear with regard to whether they wished to be resuscitated. Appropriate DNACPR orders (do not attempt cardio pulmonary resuscitation) were in place for people who wanted this and people's care plans clearly identified people who had this in place.

People who used the service were happy with the food and the choice available. One typical comment was, "We are asked what we would like and the cook tries to give it to us". Another person commented, "The food is very good, I have extra porridge and extra toast". Some people chose to eat in their rooms while others ate communally in the conservatory. A choice was provided at each meal with the second option being vegetarian. One person followed a vegetarian diet and stated, "I get lovely food, they try so hard to get it right". A relative told us, "There's a huge amount of home cooking and fresh veg".

We noted that there were sufficient supplies of fresh food and a variety of foods which meant people's individual preferences could be catered for. The cook told us, "I cook them whatever they like. Nobody is under the dietician but I put cream in all the meals to build people up". They demonstrated an understanding to the dietary needs of people who had diabetes and we confirmed that they had received training in food hygiene and diabetes. We noted that one person had gained weight since moving to the service and staff were supporting them to eat a healthy diet. We observed that people had jugs of squash available to them, as well as hot drinks from the tea trolley, and people were encouraged to drink.

People's weights were kept under review and where people had been assessed as being at risk of not eating or drinking enough they had been appropriately referred to the dietician or speech and language therapist for specialist input. One person received their nutrition via percutaneous enteral gastronomy (PEG). This is where nutrition enters the stomach directly via an external tube and is usually put in place where people have experienced swallowing difficulties. We saw that the service had advocated very strongly for this person to receive a PEG as they had previously been very unwell and losing a considerable amount of weight. Since the PEG had been put in place they had begun to gain weight and strength. The district nurse confirmed how well the service had advocated for this person saying, "They went above and beyond with this [person]".

Staff were knowledgeable about people's healthcare needs and current health conditions. Records showed that people had regular access to a variety of healthcare services including GPs, district nurses, falls team, mental health professionals, continence advisers, opticians, occupational therapists, dieticians and chiropodists. A person who used the service commented, "They are quick to call a doctor if necessary and she is quick to come". Another person told us, "If I was unwell and needed to see a doctor [the manager] and the carers' professional experience would take care of that". A relative told us, "I am totally reassured they will respond to health needs. Recently [my relative] was ill. They got antibiotics in and in a couple of days [they] bounced back. They get the GP out immediately…. When people deteriorate they manage to cope with it and deal with it". We received very positive feedback from a district nurse visiting the service on the day of our inspection. They described how the service made timely and appropriate referrals when they

were concerned about a person's health.

Good

Is the service caring?

Our findings

People who use the service, and their relatives, were very happy with the way staff provided care and support. A person who used the service told us, "What they do well is care for me". Another commented, "The staff are really kind and they do their best for you in every way". A relative said, "The staff are kind and they talk to [the people who used the service]. Staff are considerate and treat the patients well".

We saw several examples of staff demonstrating patience and kindness whilst supporting people. We observed staff treating people with kindness and sharing a joke with them, which we saw was greatly welcomed. One person said, "The staff are so kind and gentle- and jolly sometimes". Another person noted, "You can have a joke with some of them". We observed staff sitting with one person in the garden while they had a cigarette. They had only come to live at the service very recently and told us, "It's lovely here. You couldn't wish for a better place".

We observed staff being kind, patient and reassuring when one person became a little distressed while being transferred with the hoist. Staff told us that they managed to redirect people's attention when they became anxious. One staff member described this saying, "We just sit with [people] and try and chat with [them]". Staff were observed encouraging people to eat and chatting to them as they carried out their care tasks. Staff were very busy but people told us they still had time to chat. One relative said, "They seem to have time to have a chat with the residents". A resident described how the staff made them feel saying, "I am like Queen Bee…I am warm. I only have to lift a hand and they are here. The staff are kind and all happy together and are very well integrated".

Staff respected people's privacy and their personal space. We observed staff knocking and waiting before entering people's rooms and asking people's permission to provide care and support. Staff spoke respectfully to people throughout our inspection and people confirmed this was always the case. However, we did see the written term 'wheelchair bound' in care plans. This is an outdated description and not the most respectful way to refer to a person who uses a wheelchair to aid their mobility.

There was a relaxed and happy atmosphere throughout the service. A member of staff explained, "This is their home and [the people who use the service] have everything they would have at home". Another staff member described the service as, "Homely and really nice for the residents. It makes it feel like home". These views were echoed by relatives who felt the small size of the service contributed to this. They also commented on the fact that they could visit whenever they wanted and that people who used the service were free to pop into town, which was only a short walk away.

Information was available for people in formats they could understand. Important information, such as a service user guide, a charter of rights and the complaints procedure, was prominently displayed in the hallway and people who used the service were aware of it. One person clearly demonstrated that they understood the purpose of our inspection visit because the manager had explained this to the residents in one of their regular meetings. They said, "You're the CQC are you? We know all about you!" We noted that people who used the service had recently all been given a copy of relevant policies and procedures.

People at the service were able to advocate for themselves, sometimes supported by their relatives. We also saw that the service had advocated strongly on behalf of one person when they had become very unwell. People were encouraged to be involved in planning and reviewing their own care and structured reviews took place regularly.

People had care plans which documented their wishes with regard to the end of their life. Staff had received end of life training and some had additional training. One member of staff told us they wished to learn more about people's needs at this most important time. Staff were proud of the way the service met people's needs with regard to the end of their life. One staff member said, "People have a good death here. Calm and peaceful. We give people TLC, keep them warm, make sure they're comfortable".

Good

Is the service responsive?

Our findings

We saw that people's care and support needs were comprehensively assessed before they moved into the service to ensure the service could meet their needs. Following a recent review of the pre-admission assessment the provider decided to implement a new and more detailed assessment which they shared with us.

A care plan was written once people had moved in and we saw that care plans for people who had recently come to live at the service were in place. Plans also included a social history which detailed the person's life before they came to live at the service. Staff demonstrated a good knowledge of people's past histories and were able to tell us about people's former lives and their likes and dislikes. Plans outlined people's preferences and were person centred.

The provider had recently begun to move care plans over to a new system and shared this with the inspector. Both the old style care plans and new ones contained detailed guidance for staff. The new style plans were set out in a very clear and user friendly way in order to make people's needs quickly evident to staff. People who used the service, or their relatives, had been involved in developing their care plans and plans reflected how people wished to receive their care and support. Plans were reviewed each month or more frequently if a person's needs changed. Care plans had been signed throughout by the person they concerned.

People were supported to make their own choices about their individual care and support needs. For example we noted that a meeting had recently taken place with a person who used the service, their relatives and staff to discuss a particular aspect of their care which they had requested additional help with. We saw that decisions had been taken which were designed to ensure that the person continued to live their life in the way they chose, whilst ensuring that they continued to be cared for and supported. We met the person and saw that the solution appeared to be working well.

People were supported to follow their own interests and hobbies and to keep their links with the local community and important relationships. One person chose to receive communion from a local priest who attended the service regularly. Another person told us, "Mostly I go out every day. One of my greatest pleasures in life is talking to people and reminiscing… I walk to [the supermarket] and sit on the public bench hoping to speak to someone. I also go to Fakenham library. It's not just about books, they have social gatherings there for you to attend. One thing that keeps me occupied and very happy, and I would like to thank the care home for, is allowing me to do jigsaw puzzles. They encourage me to do them, they provide me with puzzles and they have set me up at the end of the table where there is good light".

We saw that there was a plan of activities such as chatting, board games and singsongs. One person said, "When the staff have the time they put on a quiz and I play dominoes. Before Christmas we had an entertainer visit for singsongs but we haven't had one recently. The library lady visits every five or six weeks". Although the service did not demonstrate a huge commitment to providing a variety of activities, people we spoke with were very happy with the selection provided.

The majority of people were fit and well enough to enjoy trips out frequently with visiting relatives and friends, in addition to the activities the service provided. People who used the service and relatives also stressed that a great effort was made to celebrate particular occasions with the Christmas party and Valentine's Day being mentioned by several people. One person said, "When there is a special occasion, like Valentine's, they decorate the place and make a real effort". A slideshow of recent events and activities at the service was displayed in the hallway on a small monitor.

Resident meetings were held to gauge people's views and we attended one which happened to be scheduled for the afternoon of our inspection. We observed that it was well attended and people were given the opportunity to speak and were all asked for their opinion. A person who used the service told us, "I attend the residents' meetings. We had one a few months ago and I asked if we could have bread and butter pudding once a week and we got it!"

Surveys were conducted with people who used the service and relatives and other regular visitors. We viewed the most recent surveys and saw that nine visitor surveys and six surveys from the people who used the service were all very positive. A couple of people had made suggestions, such as for more fresh produce, and the service had responded. A new survey had been designed which was more in depth and the plan was to send this to staff and visiting professionals as well.

The service had a complaints policy and procedure in place. People told us they knew how to make a complaint and information on how to do this was displayed. The service had received one formal complaint since our last inspection and we saw that this had been responded to in writing and resolved. Informal complaints had been addressed and resolved to people's satisfaction. The registered manager had set up a folder to record informal issues and we saw that each issue raised had been addressed and action taken. For example there had been a request for a tea trolley and this had been purchased, an uncomfortable mattress had been replaced and a request for cups rather than mugs to be used had prompted the registered manager to buy new cups and saucers which we saw people using.

Good

Is the service well-led?

Our findings

At our previous inspection we had identified a breach of regulation related to the governance and leadership of the service. The provider had failed to demonstrate that they had kept informed of current legislation, best practice and changes to the structure and function of CQC. We identified four breaches of regulation in total at that inspection and asked the registered manager to provide us with an action plan outlining how they would make all the relevant improvements. This was provided to us within the required timeframe and we found that actions identified in the plan had been put in place. Improvements were evident in all areas that had previously been of concern.

The service had a registered manager who was also the owner. Staff told us they felt well supported by the registered manager and her deputy and found both open and approachable. One staff member commented, "If we ever need any support [the manager] and senior staff will help out". Another told us, "If I have any issues I'm quite happy to raise them. Management are very approachable. [The registered manager's] here most of the time". Staff meetings were held regularly and were well attended. Staff who did not attend were required to read the minutes to ensure they were up to date.

Following the previous inspection which rated the service as requiring improvement and identified a number of breaches of regulation, the manager had worked hard to address the issues we raised and bring about the required improvements. We found they had succeeded in doing this and their hard work was evident. We noted a commitment to continuing improvement and innovation on the part of the manager. One person who used the service observed, "The do their best to find a solution, they listen to people's views".

The manager had introduced a new system for evidencing how the service dealt with informal complaints and to record positive feedback on any particularly good practice. They had also recently devised a dependency tool to establish safe staffing levels. Both of these initiatives had been shared with other service providers via a local information sharing and quality network.

Staff were aware of the service's twelve core values and these were clearly displayed in the service with additional information about how each would be relevant to the delivery of the service. Staff had also recently been given a policy pack which also included information on whistleblowing and emergency information about each person's emergency evacuation plans.

The management team were aware of their responsibility to report significant events to the CQC and had done so appropriately. Records relating to people's care were accurate, up to date and could be easily located when we asked to see them. People's care records were kept securely.

Each month a different area of the service was reviewed to see if any improvements were needed. For example this month's focus was on the pre-admission assessment of prospective new residents and a new form had been devised as a result. There was also a comprehensive system of regular checks and audits in place to monitor the safety and quality of the service. The frequency of these audits varied with some being

undertaken annually, such as the annual fire audit and risk assessment while others, such as the monthly medication and falls audits, were carried out more frequently. The audits ensured that the provider had good oversight of the current issues at the service. Where audits had identified issues we saw that required actions were promptly put in place.