

Melita Care Limited

Polventon Residential Care Home

Inspection report

Polventon House
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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?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on the 12 February 2018. The last comprehensive inspection took place on the 11 January 2016. The service was meeting the requirements of the regulations at that time.

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.

Polventon is situated close to the village of St Keverne on the Lizard peninsula. The service provides single room accommodation for up to nineteen predominantly elderly people who need assistance with personal care, including those with a dementia related illness. At the time of the inspection there were nineteen people using the service. The service is situated over two floors which are served by a passenger lift and stair lift. There is also a lower ground floor with two rooms. People using these rooms require mobility to use a small flight of stairs. There were two rooms with en suite facilities and two bathrooms including an assisted bath on the ground floor and shower room on the first floor. A lounge/dining room is situated on the ground floor as well as another main lounge. There are a range of aids and adaptations to support people with limited mobility.

Guidance for staff in respect of managing risk were not always in place. One person had been assessed as being at risk of hot surfaces and radiators. There was a mobile radiator in the person's room. The staff knew about this risk and took actions to prevent harm by additional monitoring. However this information was not being recorded meaning staff might not have the information they needed to keep the person safe. The registered provider took immediate action to address this issue. We have made a recommendation about this in the well led section of this report.

The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff, relative and 'resident' meetings to seek their views about the service provided.

We found staff had been recruited safely, received on going training relevant to their role and supported by the registered manager. They had the skills, knowledge and experience required to support people in their care. Staffing levels were sufficient to meet the needs of people who lived at the home.

We observed staff providing support to people throughout our inspection visit. The staff were kind, patient and treated people with respect.

There were sufficient numbers of suitably qualified staff on duty to meet people's needs. Staff completed a thorough recruitment process to ensure they had the appropriate skills and knowledge. Staff were supported by a system of induction training, supervision and appraisals.

Safeguarding procedures were in place and staff had a good understanding of how to identify and act on any allegations of abuse.

People's rights were protected because staff acted in accordance with the Mental Capacity Act 2005. The principles of the Deprivation of Liberty Safeguards were understood and applied correctly.

Meals were appetising and people were offered a choice in line with their dietary requirements and preferences. Where necessary staff monitored what people ate to help ensure they stayed healthy, although these records were not always completed by staff for each meal, or checked to ensure people had sufficient food and drink. People told us the food was good.

The manager used effective systems to record and report on, accidents and incidents and take action when required.

Staff wore protective clothing such as gloves and aprons when needed. This reduced the risk of cross infection. Supplies were available around the building for staff to use when they needed them.

There was a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The service was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service remains safe.</p>	<p>Good ●</p>
<p>Is the service effective?</p> <p>The service remains effective.</p>	<p>Good ●</p>
<p>Is the service caring?</p> <p>The service remains caring.</p>	<p>Good ●</p>
<p>Is the service responsive?</p> <p>The service remains responsive.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was not totally well led. Quality assurance systems were in place. However records reporting on risk were not always complete which meant staff might not have the information they needed to support people safely.</p> <p>There were clear lines of responsibility and accountability at the service.</p> <p>People were asked for their views on the service.</p> <p>Staff were supported by the management team.</p>	<p>Requires Improvement ●</p>

Polventon Residential Care Home

Detailed findings

Background to this inspection

We carried out this comprehensive 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.

The inspection was undertaken by one adult social care inspector.

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

We spoke with a range of people about the service; this included six people who lived at Polventon and three relatives, four staff members and the registered manager, care manager and administrator. We also spoke with a visiting health professional during the inspection.

We looked at care records of three people who lived at the service, training and recruitment records of three staff members. We also looked at records relating to the management of the service. In addition we checked the building to ensure it was clean, hygienic and a safe place for people to live.

During our inspection, we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

Staff said they felt confident that people were always treated well and that they did everything to ensure their safety and wellbeing. Safeguarding was regularly discussed at staff meetings. Staff were confident of the action to take within the service, if they had any concerns or suspected abuse was taking place. Staff had received training updates on safeguarding adults and were aware that the local authority were the lead organisation for investigating safeguarding concerns in the County.

Risk assessments included how to support people safely with moving and handling, nutritional needs and the risk of falls. Where these risks had been identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep people safe whilst maintaining as much independence as possible. For example, what equipment was required and how many staff were needed to support a person to move safely. However, one person's risk assessment identified they were at risk from hot surfaces. Staff understood this person was at potential risk and understood how to keep them safe by frequently monitored them when using their room. However, as detailed in the well led section of this report there was no record documenting how staff should keep this person safe. The registered manager confirmed there was a need for a clearer action plan to manage the person's risk which was acted upon immediately. We judged this had not had any impact on the person's safety at the time of this inspection but have made a recommendation.

Accidents and incidents and near misses were recorded, tracked and monitored by the management team to summarise what had occurred, outcomes and actions. The reviews included regular audits of all events to identify possible trends or patterns to help minimise the risk of repeat occurrences. It had been identified that staff pagers were running out of battery power before the end of shifts having the potential to reduce the response time to support people when alerted. To address this, the management team put in additional chargers to ensure there was surplus so staff always had a functioning pager to respond to people and keep them safe.

The service had introduced an electronic medicines system which included the use of bar scanners to reduce the risk of human error. Staff had received additional medicines training which included discussion at supervision and observations by senior staff to ensure the system was being used safely. There was a continuing programme in place for training updates, to ensure practice was up to date and staff were using current pharmaceutical guidance and legislation. Medicines were being administered as prescribed. Medicines storage cupboards were secure, clean and well organised.

Creams prescribed for people were being dated on opening which meant the expiration of the creams effectiveness could be determined.

Some prescription medicines required stricter controls. The controlled drug records were accurately maintained. When checking one person's record the balance of this type of medicine was accurate and records showed it was always checked by two appropriately trained staff.

All the necessary pre-employment checks had been undertaken and were in place prior to staff members starting work at Polventon. This showed the service took the safety of people seriously and to ensure staff had the required knowledge and skills, and were of good character before they were employed at Polventon.

We spoke with people who lived at the service and family members who all told us they felt they or their relatives safe and had confidence in staff to ensure people were cared for. One relative said, "I feel so relieved that [relative's name] is being cared for here. I am confident [relative] is safe and sound here." A person who lived at the service said, "I certainly do feel safe. It is a lovely place to live and staff are always there for me when I need them."

During the inspection we observed that there were sufficient numbers of staff to meet people's needs. People using the service told us there were enough staff around to meet their needs. Staff told us that there were busy periods but that they felt they could meet every body's needs in a timely way. People told us they never had to wait long for staff to answer their calls. We observed this to be the case throughout the inspection.

Some people received care in bed and others preferred to stay in their rooms for most or part of the day. Staff were observed to frequently check on people's welfare in their own rooms. Where people needed to be supported on pressure relief mattresses they were regularly checked to ensure the pressure remained accurate for the person's physical profile. Staff were attentive to people's needs and when they required assistance. The deputy manager told us that staffing levels were arranged according to the needs of the people using the service. One person's relative said, "I never have any concerns about the levels of staff. They are always around when we visit."

There were infection control measures in place, including all staff responsible for cleaning the service to receive appropriate training. In addition there were regular audits taking place to ensure cleaning schedules were completed. We observed staff using personal protective clothing when carrying out tasks including access in all areas to disposable gloves and aprons. People had their own slings to reduce the risk of cross infection.

We looked at documentation and found equipment had been serviced and maintained as required. Records were available confirming fire systems, gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately so people were safe when moving around the premises.

The environment was clean, tidy and was being regularly maintained. One staff member said, "It is important to all of us that everywhere is clean and tidy."

The service held a policy on equality and diversity which was shared with staff during induction. Its aim was for people to be valued for who they are and to be treated as individuals. Staff were provided with training on equality and diversity. This helped ensure that staff were aware of how to protect people from any type of discrimination. Staff were able to tell us how they helped people living at the service to ensure they were not disadvantaged in any way due to their beliefs, abilities, wishes or choices. For example, if people were poorly sighted staff would read things out to them or support them to recognise where they were in the service. Nobody said they felt they had been subject to any discriminatory practice for example on the grounds of their gender, race, sexuality, disability or age. There was a strong focus on protecting people's human rights.

The service was updating personal evacuation plans (PEEPS) so that in the event of an emergency staff would have current information about each person. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at the service and had the skills to meet people's needs. People using the service and a relative told us they were confident that staff knew them well and understood how to meet their needs. They said, "The staff here are wonderful. They know [relative's name] needs inside out. We are very happy with the level of care" and "I feel very safe when the staff are helping me. They know how to use the lift to get me in and out of the bath."

We used the Short Observational Framework for Inspection (SOFI). This is a way of observing care to help us understand the experience of people who could not talk with us. This enabled us to observe and record the day-to-day activity within the home and helped us to look at the interactions between staff and those who lived at Polventon. We observed staff continuously engaging with people. For example some people chose to sit alone or did not engage with those around them. Staff always took time to stop and speak with the person to ask if they were comfortable or wanted something. In all instances we found staff interacted with people effectively and those who lived at the home looked comfortable in the presence of staff members.

The service had a good working relationship with the local GP practices and district nursing teams. District nurses were visiting regularly and were there on the day of the inspection. They told us the service was very responsive and were confident in the staff team's knowledge and skills to follow advice and direction. They said, "The service is very good at working with us" and "The staff are very competent." Other healthcare professionals visited to see people living at Polventon when required. We saw people had seen their optician and podiatrist as necessary. A family member told us the manager kept them up to date with their relative's health and if any changes occurred. Care records showed visits from health professionals including General Practitioners (GP's) and district nurses were taking place as required.

People's needs and choices were assessed prior to moving to Polventon. This helped ensure their needs and expectations could be met by the service. People were asked how they would like their care to be provided. This information was used as the basis for their care plan which was created during the first few days of them living at the service.

People told us they enjoyed the meals at Polventon. Comments included, "Lovely. I get a good choice" and "My [relative] has a good appetite. The food is so good they have put weight on since they came here, but they needed to." Breakfasts were being served throughout the morning to suit the choices of the person. The lunch meal was served in the main dining room and an additional lounge area although some people chose to eat their meals in their own room and this was respected. It was a social occasion with people gathering together for their meal and sharing conversation. Staff engaged throughout and asking people what their choice was. Drinks were served throughout. Tables were decorated with flowers and seasoning was available for people who wanted it. Snacks and drinks were always available to people outside of mealtimes. One person needed a soft diet. The cook told us this was done for each meal, however it was mixed together and not appealing to look at. We discussed the importance of meals being presented in a way which would stimulate the appetite. They understood this and agreed to service each ingredient separately so it would look more like food and more appealing to the person.

Newly employed staff were required to complete an induction before providing support independently. This included training identified as necessary for the service and familiarisation with the organisation's policies and procedures.

The induction programme covered orientation to the premises and included fire procedures, staff handbook, safer working practice, safeguarding, infection prevention and control, moving and handling, practical skills, medicines and record keeping. The induction was in line with the Care Certificate which is designed to help ensure care staff that are new to working in care have initial training that gives them an adequate understanding of good working practice within the care sector. There was also a period of working alongside more experienced staff until such a time as the worker felt confident to work alone. A new staff member told us they had enrolled onto the care certificate which they had found very positive as an introduction into the care sector.

Training records showed staff were provided with regular training updates the provider considered mandatory such as moving and handling, safeguarding and infection control essential. Staff had also undertaken a variety of further training related to people's specific care needs such as dementia care and diabetes care as well as end of life. Staff told us training helped them to provide the necessary support and care to people. Staff received regular supervision and advice from the manager and attended meetings. One staff member told us, "They [managers] are very keen on us all keeping up to date with our training. There is always something going on." Staff had regular access to the manager or senior staff if they needed additional support in a less formal way. A staff member said, "I feel really supported here. The managers are always available for us if we need that extra support or advice."

The service was using assistive technology to record people's needs and on going assessment. All staff told us the introduction of the system had supported them in making 'real time' entries so that they were recording events as they happened. A staff member said, "We all seem to have got to grips with the system. We all have additional notepads to make any records and reflect on them." Staff were seen reporting on activities as soon as they had undertaken them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. The service held an appropriate MCA policy and staff had been provided with training in this legislation.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes 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. There were no restrictions in place. People had the freedom to move around the service and there were no locks on entry doors although staff did say they did pay particular attention to a few people to ensure they remained safe. Some people had been assessed for the need for authorisations however they did not meet the bar for this. There were no current DoLS authorisations in place at the time of the inspection.

People using the service or their legal representative had consented to care and welfare. This covered, for example, personal care needs, medicines and photographs. The manager and staff were aware of the importance for people who lived at Polventon for them or their legal representative to give consent to

receive care and support.

Polventon was home which comprised of the original house and an extension. Rooms were of various sizes but all were personalised with people own items of furniture or pictures and ornaments. One person told us, "It remains me of home and that makes me feel comfortable here." When rooms became vacant they were generally decorated. Each room had a call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems. There was signage in areas where people with dementia conditions lived so they could navigate around the service.

Is the service caring?

Our findings

People who lived at Polventon told us they were happy and felt the care provided for them was very good. Comments were positive and included, "The care and attention is wonderful," "It's a very friendly and caring home. I'm very happy here" and "They [staff] couldn't be more polite and We [family] are always made to feel welcome anytime. Nothing is too much trouble."

Staff had time to sit and chat with people. We observed many positive interactions between staff and people living at Polventon. Relatives and healthcare professionals told us staff and management were kind and caring. They told us, "Friendly staff and manager," "The standard of care is very good" and "Whenever I come here it's always a calm and caring atmosphere. Staff are always around."

Staff had a good understanding of protecting and respecting people's human rights. Staff members and people who lived at Polventon were observed throughout the inspection to have easy and friendly relationships. People told us that staff listened to them, respected and considered their wishes and choices. Staff ensured they were at the same level as people and gained eye contact when communicating with them so that people could clearly understand them. Staff took time to talk with people and put them at ease if they appeared confused or distressed. For example one person had limited communication due to an advanced condition. Staff members continuously stopped to take time to engage with the person and talk about topics that were familiar with them. This demonstrated the staff understood how to use individual prompts to effectively communicate with people.

We spent time in one of the lounge areas of the service during our inspection. Throughout the inspection people were comfortable in their surroundings with no signs of agitation or stress. We saw relationships between people were relaxed and friendly and there were easy conversations and laughter heard throughout the service. Staff noticed when a person became anxious and immediately went to comfort and reassure them. One person became anxious and a staff member sat next to them and chatted quietly with them until they became calm.

People were able to make choices about their daily lives such as what time they got up in the morning and went to bed at night. People were able to choose where to spend their time, either in the lounge areas or in their own rooms. Staff regularly visited these people to have a chat with them and check if they needed anything. This ensured people were not at risk of social isolation. A staff member told us, "We are always popping into check on residents who are either in bed because they need care or just use their rooms just to have a chat or check they are OK."

People told us their privacy and dignity was always respected and this was observed during the inspection. We observed staff members knocking on bedroom doors and waiting to be invited in before they entered. People said staff respected their choices and their independence promoted. People were supported by staff who helped to maintain their physical independence by providing verbal instructions to assist them to stand up and walk with their walking frame.

Staff told us visitors were always welcome. Family members arrived to visit their relatives during the inspection. They told us there were never any restrictions as to when they called and staff always made them feel welcome. They told us, "We come here regularly and are always made to feel welcome."

Is the service responsive?

Our findings

People who lived at Polventon told us staff were responsive to their care needs and available when they needed them. They told us care they received was focussed on them and they were encouraged to make their views known about how they wanted their care and support provided. For example, one person wanted a certain piece of music playing for them in the lounge. Staff clearly knew the person well because they immediately started to sing the song the person wanted playing. This generated a good deal of conversation and laughter between everybody else. Another example was of a person who liked to go to their own room after lunch. A member of staff went to the person after they recognised they had finished their meal and asked if they wanted support to their room or if they wanted to wait a while.

People were seen to respond positively with staff. Relatives told us, "The staff here are very good at getting to know what residents need. [Person's name] hadn't been here long and it was good to know staff had got to grips with the way [person] liked things done." People and their relatives were very positive about living at Polventon and about the staff and management. They told us they attended residents meetings where their views and experiences were sought.

People who wished to move into the service had their needs assessed to ensure the service was able to meet their needs and expectations. Care plans reflected people's needs and had been regularly reviewed to ensure they were up to date. For example, when a person's health needs had increased additional welfare checks had been put in place. People were given the opportunity to sign in agreement with the content of care plans. One person told us, "Yes the staff often talk with me about my care. They suggest I see the doctor from time to time to make sure everything is ok."

Some people required specialist equipment to protect them from the risk of developing pressure damage to their skin. Air filled pressure relieving mattresses were provided. The mattresses in use at the time of this inspection were set correctly for the person using them. Some people required regular re-positioning. Staff completed these records appropriately when they provided care and support. The district nurse told us staff were very responsive and reported any red or sore skin which was found when they were providing care to people. This meant skin damage prevention was being managed effectively.

The managers and staff understood the importance of making sure the service took steps to identify record and meet the communication and support needs of people with a disability, impairment or sensory loss. Some people were unable to easily access written information due to their healthcare needs. Staff supported people to access information needed for them to be involved in decisions. For example, menu choices were discussed each day for the next day's meals. Staff visited people each day to go through the menu to help people to make a choice.

Daily notes were consistently completed by staff on an electronic system. This enabled staff coming on duty to get a quick overview of any changes in people's needs and their general well-being. People had their health monitored to help ensure staff would be quickly aware if there was any decline in people's health which might necessitate a change in how their care was delivered. This meant staff were able to respond

promptly to people's changing needs.

We observed staff offered people choice in their daily activities. For example, throughout the morning people were gathering in the lounge areas. Staff frequently checked on them and offered people choices in respect of listening to music, watching films and providing daily newspapers to those who were interested in the news. Two people were watching the winter Olympics. It was of particular interest to them and it generated a lot of conversation throughout the morning with staff asking for updates of particular events. Where people were being supported in bed staff made regular welfare checks as well as frequently offering drinks and snacks. This demonstrated the staff used a person-centred approach in response to people's preferred daily routines and activities.

The service activity coordinator was on leave at the time of the inspection visit. However, people told us and records showed there were a range of activities which people had the opportunity to take part in. For example floor skittles designed for people whose mobility was restricted. Discussion topics, for example 'what's in the news today'? There was a whist drive club held on Fridays. People told us this was popular. The service also celebrated calendar events for example that week's Valentine's Day and pancake day. One person said, "There are always things going on. If you don't want to join in you don't feel you have to. It's all very relaxing." Some people told us they liked going out on trips. One said, "We do go out but most of us prefer it in summer. It's more comfortable then."

People's spiritual needs were identified and respected during the assessment process. In order to meet those needs clergy visited the service monthly and one person was supported by their family to attend church.

There were regular opportunities for people, relatives and friends to raise issues, concerns and compliments. People told us the registered manager was always accessible to them and they would raise any matters they may have with the registered manager and were confident it would be dealt with efficiently. Comments included, "We have every confidence that any issues would be listened to and dealt with" and "I haven't felt the need to make a complaint but I think it helps that I can talk through anything with the manager and staff." There was information available to people about how to complain and this was on display in the service. There were no complaints in progress at the time of the inspection.

The service aimed to support people to the end of their lives wherever possible and with the support of other health professionals. People were supported to remain at Polventon where possible as they headed towards end of their life. This allowed people to remain comfortable in their familiar, homely surroundings, supported by familiar staff. Where possible people's end of life wishes were recorded and responded to. For example contacting specific people or putting personal things in place which meant a lot to the person. This ensured staff had the necessary information to support the person wishes.

Is the service well-led?

Our findings

The service is required to have a registered manager. 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 service had a registered manager in post. People, relatives, staff and visiting healthcare professionals told us the manager was approachable and friendly. Comments included, "[Registered manager] is often asking me and others if we're happy with everything" and "Always available if you need him. Very supportive," "I am always made to feel welcome and the managers take a keen interest in what's going on."

People's risks were generally being managed effectively. However one person's risk assessment had identified the person was at risk of scalds and hot surfaces. While this had been identified and staff knew how to keep the person safe there was no record to support the action staff were taking. By not having a record of this meant staff may not have the information they needed. We discussed this with the registered manager who accepted the person's risk assessment had not been completed as robustly as it should and took immediate action to address this issue.

It is recommended the service ensures all risks identified and reported on include control measures to mitigate the risk to protect the person.

The service had an open and transparent culture. Some issues identified at this inspection had been taken seriously and actions were being taken by the end of our visit. Lessons were learned by events, any comments received both positive and negative we seen as an opportunity to constantly improve the service it provided. The registered manager and care manager accepted that the concern found at this inspection were a fair judgement of the service at this time.

There were clear lines of accountability and leadership at provider and management level. The management team consisted of a registered manager, deputy manager and care manager. In addition there were senior care staff supporting more junior staff. Some staff members had been working at Polventon for a number of years. One said, "Some of us [staff] have worked here for a long time. It's a lovely place to work. We are a strong team." This demonstrated the provider's commitment to supporting the staff team who told us they all felt what they did at the service was valued by the management team. A health professional told us, "The managers are very committed to providing a professional service."

The management team had a number of ways to measure people's satisfaction of Polventon. For example surveys were sent to families, resident's staff annually. The last survey in 2017 was positive and comments included, "Feeling valued by the managers for training, supervision and support," "Most impressed by the welcoming atmosphere" and "The staff and management are all very approachable and caring."

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services,

healthcare professionals including General Practitioners and district nurses.

The management team were very visible and worked in the service daily so were aware of day to day issues. The managers believed it was important to make themselves available so staff could talk with them, and to be accessible to them. The focus was to have a clear strategy to deliver quality care and support.

The management team took measuring the quality of the service seriously. There were effective auditing systems to assess quality assurance and continue to improve the service for people who lived at the service. Regular audits were being undertaken including medicines, incidents/ accidents analysis. Any issues found on audits were quickly acted upon and lessons learnt to improve the care that was provided. For instance a recent care audit identified some issues with the new recording system. These were discussed with staff and changes were being monitored to ensure they operated correctly.

There were systems in place to support all groups of staff. Staff meetings took place regularly. These were an opportunity to keep staff informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. In addition people using the service and their families also had the opportunity to meet and discuss plans for the service. For example any changes to the environment such as carpets and decorations.

People's care records were kept securely and confidentially, and in accordance with the legislative requirements. Staff and visiting healthcare professionals had their own password access to the new computer system to help ensure the care plans were kept up to date with changing situations.