Bleak House Limited

Coates Garden House

Inspection report

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Patrington
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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 12 July 2017 and was unannounced.

Coates Garden House is situated in Patrington, near Withernsea, in the East Riding of Yorkshire. It is set out over two floors and has eight single bedrooms. There are shared bathroom facilities and various communal areas for people to use. The service provides support for up to eight people with learning disabilities and mental health conditions. It is within walking distance of local amenities. At the time of our inspection there were seven people living at the service.

During our previous inspection on 15 April 2015, we found the provider had failed to implement and record robust pre-employment checks to ensure care workers were of a suitable character to work with vulnerable people before commencing their role.

At this inspection we saw recruitment processes ensured people were not exposed to care workers who had been barred from working with vulnerable adults this helped to ensure that only care workers deemed suitable were employed. These checks had been completed before care workers commenced their role.

We were supported during our inspection by 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 and associated Regulations about how the service is run. The registered manager will be referred to as 'manager' throughout the report.

People told us they felt safe living at the home with the care workers who supported them. Care workers had received training in safeguarding adults from abuse and harm. Systems and processes were in place to ensure any concerns were reviewed and escalated for further investigation and actions were implemented to mitigate re-occurrence and to help keep people safe from avoidable harm and abuse.

The provider had completed risks assessments for the home and for people who lived there. Care and support was provided based on the assessed risks which meant people could live their lives safely without undue restrictions.

People received their medicines as prescribed and safe systems were in place to manage people's medicines. Care workers were trained in medicine administration and their competency was checked. Audits had been introduced for the management and administration of medicines to ensure people received their medicines in line with their prescription and to ensure they were managed according to best practice guidance.

There were enough care workers to meet people's needs. People received support from care workers who respected people's dignity and privacy and promoted their independence, following their wishes and

preferences.

Care plans were managed electronically and information was person centred. People had been involved in their care planning and reviews. Provision had been added to the electronic records for people to sign their consent and agreement to the information held and the provider told us they would be updating this as part of people's review of their care and support.

People were supported to pursue a wide and diverse variety of social activities relevant to their needs, wishes, culture and interests. Arrangements were in place for people to maintain links with the local community, friends and family.

The manager and care workers had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). At the time of our inspection no one living at the service had been assessed for a DoLS. Care and support promoted people's independence and this was recorded in people's care plans.

The provider supported care workers with training and supervision to ensure they had the up to date skills and knowledge to carry out their role and meet people's individual needs.

People chose and assisted in the preparation of their food and drink and were supported to maintain a balanced diet, where this was required. People had access to healthcare facilities and support that met their needs.

Residents meetings were held where people could discuss and contribute to the running of their home and provide feedback on the service they received.

The provider had systems and processes in place to receive and manage any complaints, incidents or accidents. Evaluations of this information included any actions implemented as a result.

The provider completed a range of quality assurance checks around the home. These checks helped to maintain and improve standards of service.

Everybody spoke positively about the way the service was managed. Care workers understood their levels of responsibility and knew when to escalate concerns. The manager had a clear understanding of their role and responsibilities and requirements in regards to their registration with the Care Quality Commission (CQC).

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.

Care workers had received training in safeguarding adults and understood the signs of abuse to look out for and how to report any concerns.

There were sufficient numbers of appropriately trained staff to support people according to their needs.

Care workers received training and policy and procedures were in place that ensured people received their medicines safely as prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff that had the knowledge and skills to provide good care to people.

Care workers we spoke with understood the importance of ensuring people consented to the care and support provided and had an understanding of the Mental Capacity Act 2005.

There were systems in place to support people to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

We observed the service provided person centred care and it was clear the care workers had an understanding of people's needs.

People were treated with dignity and their privacy was respected.

Care workers encouraged and supported people to remain independent.

Is the service responsive?

Good

The service was responsive.

Care plans included up to date person centred information and were reviewed as a minimum every two months or more often when people's needs changed.

People's views and opinions were sought in a variety of ways and their ideas and suggestions were responded to.

Effective systems were in place to respond to any concerns and complaints raised.

Is the service well-led?

Good

The service was well led.

Everybody spoke highly of the registered manager and the organisation. Staff understood their roles and responsibilities.

The provider sought and acted on the views of care workers and people receiving care and support to improve the service provided.

There was a variety of methods in place to share information regarding the service with people and staff within the organisation.

Quality assurance systems including audits were in place. This helped to maintain and improve standards at the service.

Coates Garden House

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 the 12 July 2017 and was unannounced. The inspection was completed by one adult social care inspector.

Before this inspection, we reviewed the information we held about the service, such as notifications we had received from the provider. Notifications are when providers send us information about certain changes, events or incidents that occur. We also contacted the local authority for their feedback.

The provider submitted a provider information return (PIR) prior to the inspection. 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.

During the inspection, we spent time visiting people in their own home and spoke with four people receiving a service. We interviewed three care workers and we spoke with the manager. After the inspection we spoke with three relatives of people receiving a service over the telephone.

We looked at records, which related to people's individual care; this included the care planning documentation for three people and other records associated with running this service. We also looked at three care workers recruitment and training records, records of audits, policies and procedures and records of meetings and other documentation involved in the running of the service.

Good

Is the service safe?

Our findings

During our previous inspection in April 2015, we found the provider had failed to implement and record robust pre-employment checks to ensure care workers were of a suitable character to work with vulnerable people before commencing their role.

At this inspection we looked at recruitment records for three employees. Information included two references, background checks and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults. These checks had been completed before care workers commenced their role.

Duty rotas were in place, which recorded different staffing levels and shifts. These recorded there were two care workers on duty until 9:00 pm each day and from 9:00 pm there was one care worker on duty. People told us there were enough care workers to meet their needs and our observations supported this. Care workers we spoke confirmed, "We have enough care workers, it is adjusted for busy times." Another care worker said, "I used to work in a residential home where you never had a minute with people but here we can spend quality one to one time with people, it's fabulous." A relative we spoke with said there were always plenty of care workers. They said, "I know [name] is well supported and there is always someone available if they need any help."

People told us they felt safe living at the service with the care workers who supported them. One person said, "I like it here I feel safe and they [care workers] support me very well." People were supported by care workers who had completed training in safeguarding adults from harm and abuse. A care worker told us, "I would report any concerns to the manager, or if the concerns were about bad practice I would whistle blow to the local authority or the Care Quality Commission." Another care worker said, "We have regular safeguarding training; it's important we protect people from harm." The manager confirmed their understanding of what constituted abuse and when to escalate any concerns to the local authority for further investigation. We saw how safeguarding concerns were recorded for further evaluation and learning to mitigate re-occurrence.

Security at the home was evident. On arrival people were asked to sign in before being shown where to go in the building.

Risks to people's health and well-being had been identified. There were risk assessments in care plans relating to areas such as weight loss, behaviours that may challenge, medicines, finance, emotional trauma and activities in the community. These were maintained electronically and care workers updated the records with notes where risks were identified. A care worker said, "We have a new electronic system which means everything is always up to date, we know straight away where people need additional help or support; it is better than the paper system." This demonstrated that care workers were aware of and responding to risks associated with people's health and well-being.

The provider completed checks that ensured the home and any equipment was safe for everybody. Service certificates were up to date and provided assurances that the premises were being maintained in a safe condition. There were current maintenance certificates in place for the fire alarm system, fire extinguishers, portable electrical appliances, gas safety and the electrical installation. There was a fire risk assessment in place and certification that checks had been completed to prevent Legionella. Legionella is water borne virus that can cause lung diseases similar to pneumonia. The manager showed us a health and safety report completed by a third party company. The report included actions where areas of improvement to the home environment may be required. The manager told us on the PIR, 'Annual Health and Safety Inspections were undertaken to offer guidance and support.'

The home had a contingency plan in place in the event of an emergency situation. This meant people receiving care and support would continue to do so in the event of an emergency situation for example, an unforeseen event such as fire or adverse weather.

We saw from training records that care workers had received up to date training in medicines management. Competency checks on care workers had been introduced that ensured they could apply the theoretical learning to practical administration of medicines and this was in line with best practice guidelines.

The provider had a medicines policy and procedure that provided care workers with guidance following best practice from NICE guidelines. Medicines were administered as prescribed. Medicines Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately. However, we found residual stock levels for prescribed medicines were not recorded on the MAR. A team leader with overall responsibility for people's medicines advised us the MAR was supplied by the pharmacy. They told us they had requested the option to record balances of medicines to be included on the MAR. We were shown other records that were in place to record balances and we found only one discrepancy in a prescribed medication.

There were clear systems and processes in place for ordering, storage and recording of medicines. PRN protocols for administering medicines that were prescribed 'as and when required' for people were in place. One person received a blood thinning medicine and we saw accurate records and additional information was maintained and accessible to care workers. Audits to check systems and processes were robust and to maintain standards in medicine management had been introduced. The team leader said, "We have completed additional work to ensure we are following best practice guidelines and people receive their medicines as prescribed. One person said, "They [care workers] do all my medicine for me, I don't have to worry about it all." A relative told us, "[Name] doesn't have any ongoing medication but when they have taken antibiotics they have taken these themselves with oversight from care workers; it worked really well and they completed the full course." The above measures meant the provider had systems and processes in place to ensure people received their medicines and they were manged as prescribed.

Good

Is the service effective?

Our findings

It was clear from our observations with people and from talking with care workers that they were skilled in their role and understood people's needs. A relative told us, "I was so worried when [name] moved into Coates Garden, but a few months down the line and I don't have any concerns whatsoever; I would choose to live there. The care workers are fantastic and very supportive, it is a great home."

The provider ensured new employees completed the care certificate. This is a set of basic standards in providing care and support for care workers to adhere to in their daily role. The provider told us on the PIR, 'All care workers are trained on an induction programme when they begin their career with us. In addition, care workers will be trained to a minimum Level 2 NVQ or equivalent in Health and Social care. Where possible, NVQ Levels will be increased to level 3.' A care worker told us, "There is always some training to do but it is all managed for us so we are kept up to date. We saw training was managed electronically. Refresher training was booked in a timely way. Training the provider considered to be mandatory included safeguarding, moving and handling, mental capacity, food hygiene, managing violence and aggression, equality and diversity and health and safety. Other training was available to meet people's individual needs. This included stroke training and understanding dementia.

Care workers told us about the support they received through supervision meetings and an annual appraisal. Records confirmed they were supported and given opportunity to identify their future training and development needs. The manager had a plan in place which identified when care workers had a supervision or appraisal meeting due and told us they were introducing additional competency checks to ensure all care workers were effective in carrying out their role with people. This ensured care workers received regular support in line with the provider's policy.

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. 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). At the time of our inspection there was no body living at the home who had been assessed as requiring a DoLS.

We checked and found the service was working within the principles of the MCA. Care workers told us and records confirmed they had received training in the MCA. A care worker said, "We encourage people to do things for themselves as much as possible." We observed people moving around the home without restrictions in place. The manager told us, "People can come and go as they please, there are no restrictions on people's movements; on occasion we accompany people into the community as a watchful eye, to keep them safe." A relative told us, "I have power of attorney for [name] and assist them to manage their finances." A lasting power of attorney (LPA) is a legal document that lets a person appoint one or more people (known as 'attorneys') to help them make decisions or to make decisions on their behalf. We saw this

information was recorded in their care plan and had been agreed. Care workers were aware of, and followed this information.

We saw people's care plans contained information about their medical needs and how care workers were required to support the person to maintain a healthy lifestyle. Previous and current health issues were recorded and healthcare professional were contacted when support was needed. We saw evidence recorded of involvement from other health professionals. A relative said, [Name] has a chiropodist visit and they go to the hairdressers, dentists and when needed the GP." This meant people were supported to maintain their health and wellbeing and this was monitored with input from other health professionals.

People's dietary intake was closely monitored by care workers and healthy eating was promoted. The provider told us on the PIR, 'Meals are at the total choice and disposal of the person. That includes times and choice.' One person confirmed, 'I can eat what I want, when I want; I do my own food shopping and they [care workers] and other people help to prepare bigger meals but I am not keen on the washing up."

Records we looked at provided clear information of the person's individual eating habits, where people needed to be carefully monitored and where they could be given more independence. We discussed weight charts and eating records for people with a care a worker. They said, "Records are updated throughout the day, they include what the person has eaten, the drinks they have had, their weight, and any concerns we have." "Where we have ongoing concerns we contact the GP and they will refer the person to see a specialist for example, a speech and language therapist who can give us advice and guidance on any ways we can improve how people take their food." Care plans we looked at confirmed this.

There was a secure garden area with flower beds and grassed areas around the home. There were areas where seating had been placed so that people could wander through the garden at their leisure. A relative told us, [Name] is a real outdoor person and the home is perfect for their needs; they spend most of their time out in the garden."

Good

Is the service caring?

Our findings

The provider told us on the PIR, 'We promote a very relaxed atmosphere within the home. This helps to give the people who live here a true sense of their home.' We observed people were supported by care workers who clearly understood people's individual needs and cared for them all as individuals. No-body was rushed and people went about their daily lives with routine conversations and laughter noted throughout the day. The manager and care workers were visible in communal areas and took time to talk and interact with people. We observed care workers sitting in the garden and playing games with people.

People were free to spend time where they choose to. One person told us they enjoyed watching television in their room, another person told us how they liked to be busy and go out on visits, shopping and holidays. One person said, "I like to keep everything clean and tidy in the home." Whatever people choose to do, care workers were there to support them as much or as little as they required.

During our walk around the home on the morning of our inspection we were accompanied by a care worker. We observed how they knocked on people's doors and waited for them to answer and agree before entering their room. The care worker engaged people in conversation asking them how they were, if they needed anything and what their plans were for the day. People responded excitedly to share their plans and discuss their requirements. There was a clear relationship and it was evident people knew the care workers and the care workers knew people who lived there.

People looked very well cared for, which is achieved through good standards of care. Care workers were confident they provided good person centred care and gave examples of how they ensured people's privacy and dignity were respected. A care worker said, "People who live here are very independent, they can manage their own personal care and only require suggestions or prompts as they can be forgetful." They said, "Where we do provide some personal care we treat people how we would want to be treated, we would close doors, keep everything private and be respectful of people's individual wishes and preferences." Another care worker said, "People tell us what they want, and we respond; they are in charge, as after all it is their home and we are here to support them."

People were supported with a key worker. The key worker had responsibility for the person's reviews and was the main point of contact. Keyworkers completed reviews of people's care and support and relatives confirmed they were invited. A relative told us, "We are included in everything and we are always invited to attend any reviews for [name]." The manager told us, "Relatives can be involved but it is up to the individual how much or how often." One person told us they were able to visit and stay with their family whenever they choose to. Their relative confirmed, "[Name] can come and visit whenever they want to; they love being here with their home comforts but they are equally as happy to return when they have outstayed their welcome." They continued, "We are very lucky, where they live is their home, it is as simple as that."

Care workers told us how they ensured people's confidentiality was maintained. A care worker said, "People discuss all sorts of things that can be personal to them, I don't share that information with others it's private."

People's records and private information was maintained securely. Computerised 'person centred care' software was in use at the home. Care workers carried 'i-pod's' which had the system installed. Care workers had to sign themselves in and out of the 'i-pod' at each shift so information about people was not removed from the building. All software was password protected and paper records were locked in offices. These measures ensured people's confidentiality was maintained.

Where people had been consulted on their wishes and preferences for end of life care and support, and where they had agreed, this information was available and recorded in their care plans. We saw discussions had taken place about people's funeral preferences. The manager told us, "We do have discussions about people's end of life preferences but this can be a sensitive subject. We have supported people through this and also supported those people who are left behind when people pass away."

Where people in the home did not have close relatives or independent support the provider had engaged an advocate to support them with day to day decisions. The advocate made sure people's rights were protected and ensured they received the services and support needed to live life to the full. Advocates can help people with independent support and advice and can speak on the person's behalf on a range of decisions, including the person's home, relationships, finances and health.

Good

Is the service responsive?

Our findings

During this inspection we looked at people's care records. The provider had purchased, and was implementing electronic 'person centred software' to record, monitor and update people's care and support information. The manager told us, "We have moved to the electronic system which enables care workers to update people's information in 'real time'; this means records are up to date at all times of day." A care worker showed us how the information was updated by inputting information into a hand held device. They told us, "It means we don't forget to add anything or forget to do anything as the device will prompt us and flag up if we forget to do anything, for example administer a person's medicines." We saw how the system provided a 24 hour view of the care and support people received. This included a timed log of events from checking the bath temperature for a person, to documenting the time and number of cigarettes smoked and when the person had a drink or something to eat.

People's care plans centred on the individual. They covered areas such as communication, daily life, and emotional support, maintaining safety, nutrition, hydration and people's cognitive abilities. The information recorded, gave a good overview of each person and the support they needed. We saw the system prompted care workers to review people's records each day. The manager told us, "The information is as up to date as it can be but we still complete individual reviews of people's care and support as a minimum every two months. The information assists us to identify any areas where people may need additional help or support or areas where they have improved and may need less support."

The manager and care workers told us and our observations confirmed that people were encouraged to do as much for themselves as they were able to. We saw people going out for the day on their own. One person said, "I have a job at a café where I help out, I do enjoy it and I go and stay with my partner at weekends; I would like to live on my own one day; I think I would be ok." We spoke with a relative who told us they initially had concerns about their family member moving to the home. They told us, "I was worried at first but it has been the best thing [name] could have done. They [care workers] have really promoted their confidence and independence. [Name] can now go on the bus on their own, care workers followed them at a distance to start with just to observe they were ok but [name] would not have done that if they hadn't moved there." A care worker said, "I have worked here quite a long time and I know that people will let you do things for them but if we do to much they become reliant so we encourage them to be independent and do things for themselves."

People were encouraged to be involved with their care planning as much or as little as they choose to be. One person told us, "The manager always asks me if I am happy with my care and support, I have a care plan and it is discussed with me." Another person told us, "They [care workers] monitor my weight and discuss how they can support me, but I still choose my own food. I have a care plan and I have input into what happens." Records included charts and graphs that provided information which alerted the provider to any concerns. Additional support and help from other health care professionals could then be provided where required.

The electronic care records we looked at had provision for people to sign their agreement and consent to

the care and support they received. However, we found this had not been completed. We spoke to the manager about this and they told us, "The person centred software did not have a facility for people to sign their agreement and consent to their care and support but the developers have added it as an update." They said, "People used to sign their paper care plans and now we have the facility on the person centred software we will ask everybody to sign this." The manager told us this would be completed as part of the next reviews held with people.

People received support and were encouraged to participate in activities of their choosing. Care plans included detailed information about the activities and interests that people liked and disliked. People had been consulted on their preferences, how they wanted to be supported and the amount of and type of support was recorded in their care plans. Information was outcome focused and recorded when people had completed activities and tasks and celebrated successes.

Other activities that we saw people had participated in included support with going bowling, day clubs and going on holiday. When we asked if there was enough time for care workers to support people as they have chosen to be supported a care worker confirmed, "We work very well and because people value their independence we are able to spend time on a one to one basis with everybody." One person showed us their room. The room had been decorated with personal possessions and had pictures of relatives. The person showed us a medal that was hanging up from a snooker competition they had won. They discussed how they enjoyed playing and attending competitions.

Another person showed us pictures of two horses they rode and another person discussed with us their plans for a barbeque and how they went out on pick nicks with their key worker. They discussed what they would take and it was clear they enjoyed the summer time. The manager told us how one person was responsible for planning their own day. At the time of our inspection they were visiting relatives. The manager said, "We support [name] where they need support but they choose what they want to do each day." A relative said, "Everybody at the home can come and go as they please, the kitchen is a social area like any home, they make their own snacks, drinks and tea and are encouraged to do things for themselves." The kitchen area was clearly a focal point where people met up as they moved in and out of the home. Access was available to the garden. Other communal rooms were available with comfy seating where people could relax and have quiet time or watch a film. These rooms also had access to the garden areas.

We saw people had a health passport in their electronic file. The manager showed us how this could be printed off with current information for use should people need to transition between services. This documented any medication, health concerns, recent diary notes and other personal information. This meant people were supported and had their needs recognised should they have to transfer or move to services, more appropriate for their needs and helped to ensure they continued to receive consistent coordinated care.

People and their relatives told us they knew how to make a complaint and that they would speak with the manager. A relative said, "We don't need to complain but if we did we would speak with the manger." Another relative told us, "I raise any concerns with the manger and they are always responsive and provide me with feedback but I haven't needed to make a complaint." The home had a complaints policy that provided information and guidance on how the provider managed complaints. At the time of our inspection the manager told us no complaints had been made. A care worker told us, "We can tell if people are not happy, they tell us verbally or their body language and mood will change so we talk to them to find out what's wrong. We deal with daily concerns as they happen. There is a process for formal complaints but we don't really get any."

Good

Is the service well-led?

Our findings

We were supported during our inspection by a manager who was registered with the Care Quality Commission. The manager understood their responsibility to ensure the CQC was informed of events that happened at the service which affected the people who received a service.

There was a clear staffing structure and everybody understood their roles and responsibilities and when to escalate any concerns. The manager was supported by a team of care workers that included seniors with additional responsibilities. A handy man was employed. During our inspection we saw they were carrying out routine maintenance around the home. The manager told us they were supported with administrative functions from staff based at another of their residential services in the village. This meant care workers could concentrate on providing direct care and support to people.

Everybody we spoke with spoke highly of the manager. Comments from care workers included, "The manager is spot on, we have some autonomy but they are there to support with any bigger decisions that need to be made." "I feel very supported, not just by the manager but by the whole team." People told us, "[Manager] is great" "No problems" and "The best care workers here." Relatives confirmed they knew who the manager was and told us they were approachable and responsive to any concerns.

Care workers told us they were kept up to date with any changes from the provider and about people they supported. A care worker said, "We have a hand over after every shift where we discuss any concerns, other information is now available on the electronic records so we know when people have appointments due; we are better informed than we used to be." Another care worker said, "We have regular staff meetings, where we discuss allsorts about the home, changes in policies and procedures, new systems, rotas and we use these as an opportunity to plan our staff days out." Minutes of meetings we looked at confirmed staff meetings were used to keep people up to date with any changes and to share information on a range of subjects.

Care workers discussed how they developed team working. They told us, "We have regular days out, we have been to 'go-ape' [a tree top adventure park], had parties and socialise at the pub; any excuse for team building." "We are a good team we cover and help each other; it is a really good environment to work in."

The manager showed us minutes of meetings held by people who lived at the home. The manager said, "Residents have their own meetings where we include care workers and discuss changes and their feedback about their home and the service they receive." We saw minutes included feedback about trips out, a planned barbeque, feedback about a recent show put on by care workers and cleaning rotas for the kitchen." This demonstrated people were involved and consulted about their home and the service they received.

The provider sought additional feedback from people and care workers using an annual survey. We saw responses included areas for action and improvement. The manager discussed the feedback with us and the measures they had taken to address the actions raised as a result. However, this information was not

documented. The manager said, "I know what needs doing as a result of feedback; I don't necessarily need to document this as it will be done." They told us they would implement a record of the actions implemented with defined timescales to evidence where the feedback had been used to improve the service. A care worker said, "We can be honest with any feedback and we know that [manager] will implement any changes if appropriate to do so."

The provider completed a range of quality assurance checks that helped to maintain the level of service and highlighted any areas for improvement. Audits were completed for the health and safety of the home, kitchen safety, and housekeeping and had recently been introduced for medicines management. We saw these included details of any actions required, the date the actions were due, the date completed and that these were initialled once finalised.

Accident and incident records were maintained and demonstrated immediate appropriate actions were taken following these. Records were signed and reviewed on completion.

The manager told us how they attended meetings on a regular basis with other service managers at local authority provider forum. They told us this helped to maintain and develop their practice to ensure the service upheld the visons and values of good care and support for people.