The Airedale Nursing Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 Airedale Nursing Home provides a service for up to 57 people, who may have a range of care needs, including dementia, physical disabilities and sensory impairments. At the time of this inspection there were 54 people using the service.

At the last inspection, the service was rated Good.

At this inspection we found the service remained Good overall although, we identified some areas for improvement as follows:

Risks were managed so that people's freedom, choice and control was not restricted more than necessary. However, staff had not followed one person's care plan on the day of the inspection, which had placed them at possible harm of developing a pressure ulcer. After the inspection the registered managers provided evidence that they had taken swift action to ensure identified risks were managed in a more consistent way in future.

Systems were in place to ensure people's daily medicines were managed in a safe way. People were also enabled to maintain their independence through managing their own medication as far as possible. However, this arrangement had not been risk assessed or recorded in another person's care plan; placing them at possible risk of not receiving their medication in a safe way or as prescribed. Again, the registered managers confirmed they were taking action to ensure safe processes were followed for people wishing to take their own medication in future.

Staff understood how to protect people from avoidable harm and abuse, and the service managed incidents and safeguarding concerns promptly; demonstrating an open approach.

There were sufficient numbers of suitable staff to keep people safe and meet their needs, and the provider carried out checks on new staff to make sure they were suitable to work at the service.

People were supported to have their needs and individual preferences met by staff that had the necessary skills and knowledge. Staff ensured that the care and treatment provided was a sought in line with current legislation and guidance.

People had enough to eat and drink and were supported to maintain good health through access to relevant healthcare services.

Staff were caring and provided responsive care, support and treatment in a meaningful way; whilst promoting people's privacy and dignity. They encouraged people to be as actively involved in making decisions about their care and to retain their independence as far as possible.

People were encouraged to take part in social activities and maintain relationships with people that mattered to them.

We saw that people's concerns and complaints were encouraged and used as an opportunity for learning, in terms of improving the service provided.

The service demonstrated good management and leadership. There were two registered managers in post who worked effectively to promote a positive culture that was person centred, open and inclusive. Effective systems were also in place to monitor and deliver high quality in terms of service provision.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was safe.

Risks were managed so that people's freedom, choice and control were not restricted more than necessary. The registered managers confirmed they were taking further action however, to ensure these processes were followed more consistently.

Systems were in place to ensure people's daily medicines were managed in a safe way. The registered managers confirmed they were taking further action however, to ensure safe processes were followed for people wishing to take their own medication.

Staff understood how to protect people from avoidable harm and abuse.

There were sufficient numbers of suitable staff to keep people safe and meet their needs.

The provider carried out checks on new staff to make sure they were suitable to work at the service.

Is the service effective?

Good

The service remains Good.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

The Airedale Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was an unannounced comprehensive inspection that took place on 26 January 2017.

It was carried out by an inspector, an inspection manager and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, 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 checked the information we held about the service and the provider, such as notifications. A notification is information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority and clinical commissioning group; who both have a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service, because some people had complex needs which meant they were not able to talk to us about their experiences. We spoke with 14 people living in the home and observed the care being provided to a number of other people during key points of the day, including lunch time and when medication was being administered. We also spoke with the provider, the two registered managers, three care staff, the chef, two domestic staff, the receptionist, eight relatives and a visiting hairdresser.

We then looked at care records for three people, as well as other records relating to the running of the service. These included staff records, medication records, audits and meeting minutes; so that we could corroborate our findings and ensure the care being provided to people was appropriate for them.

Requires Improvement

Is the service safe?

Our findings

Staff spoke to us about how risks to people were assessed to ensure their safety and protect them from harm. It was evident that people's personal preferences were respected in terms of how staff managed the risk management process; minimising potential restrictions on people's freedom, choice and control. They described the processes used to manage identifiable risks to individuals such as malnutrition, moving and handling, falls and skin integrity. We looked at records for two people who were at high risk of developing pressure ulcers. In both cases, the care plans did not state the frequency that the person needed to be turned, to minimise the risk of developing a pressure ulcer. The registered managers told us both people needed to be turned every four hours when in bed, and we saw records that supported this was happening. However, during the inspection we noted that one person's care plan stated they needed to sit on a pressure cushion when sitting in a chair. We observed that the person was not sitting on a pressure cushion, and had not been so for a number of hours. Staff we spoke with confirmed that they knew the person needed to use a pressure cushion, but admitted it had been an oversight on the day. Records indicated that this was likely because there were clear references to pressure relieving equipment being used regularly and monitored closely; to ensure it was in good working order.

After the inspection, the registered managers provided evidence that they had taken swift action to address our findings with staff. This included meeting with staff to remind them of the importance of care plans containing accurate information about how often people needed to be turned, and to ensure these plans were consistently followed. The meeting minutes showed that the service had a positive culture in terms of learning from mistakes, and that the matter had been dealt with in an open, transparent and objective way.

Systems were in place to ensure people's medicines were managed so that they received them safely. People confirmed they got their medication, including pain relief when they needed it. One person said: "I have paracetamol for the pain and nurse brings me [stronger pain relief] if I need it." This person also told us they usually woke at night in pain and that trained staff left them a dose of pain relief close by, so they could take it quickly. They told us: "That works best for me." The registered managers told us that although the nursing staff administered the majority of medication at the service, team leaders had also undergone additional training to enable them to administer certain medication, to ensure people received their medication as required and did not have to wait for one of the nurses to become available.

We observed people receiving their medication and noted that the nurses administered people's medication in a personalised way, taking the time to explain to them what the medication was and checking they were okay before they moved onto the next person. We saw staff giving one person their medication and then leaving the room without seeing them take it. They explained the person liked to take their medication on their own, because they didn't like to be watched. They were confident that the person would take the medication and provided a reasonable explanation for this however; we were concerned that the staff member then signed the medication records to say they had administered the medication. This process should involve observing the person actually taking their medication. The registered managers confirmed the person's care plan did not provide specific details of this arrangement. Although it was positive that staff supported people to take their own medication, as this is a way of promoting independence and dignity, we

discussed that this needed to be done on a risk assessed basis, and clearly documented. Records must be kept when people are supplied with medicines for self-administration, or when people are reminded to take their medicines themselves. There is no need for staff to sign medication records when people self-administer their medicines, but the record should indicate that the person self-medicates and state how this is to be monitored.

The registered managers took our concerns on board and after the inspection they confirmed that a 'learning circle' had been arranged for all nurses to discuss self-administration and the procedures to be followed, to ensure this was being done in a safe way in the future.

Staff demonstrated a good awareness of safe processes in terms of medication storage and the purpose of the medication prescribed for people. They were very clear about time critical medication, which needs to be administered at certain times in order to be effective.

We saw that medication was stored securely with appropriate facilities for controlled drugs and temperature sensitive medication. Clear records were also being maintained to record when medication was administered to people, including the reason for administering as required (PRN) medication.

The registered managers spoke to us about the arrangements for making sure the premises was managed in a way that ensured people's safety. Records showed that systems were in place to ensure the building and equipment was safe and fit for purpose, and that regular checks were carried out. A business continuity plan, which had been reviewed recently, had also been developed to support staff in the event of an emergency happening.

Clear information was available regarding fire safety and the arrangements to follow in the event of a fire. People living at the service confirmed they were aware of these arrangements. One person told us: "The fire bell is tried every Wednesday." Staff were also clear about their role in the event of an emergency. One staff member told us: "We did have a drill before Christmas. We just have to shut the door and go straight upstairs and outside. We can come back in when managers tell us we can." We looked at the fire evacuation plans for the service and found they did instruct staff to move people behind as many fire doors as possible; to keep them safe until such time that the local fire service arrived to assist.

We then read a letter from the local Fire Authority following a recent visit to the service which included a recommendation to revise the home's written emergency procedures for evacuating people on the lower ground floor upstairs, in the event of a fire. We spoke to the provider about their plans for evacuating people on the lower ground floor and they told us that if they needed to move people before the fire service arrived, they would move them outside into the garden. We saw that this was possible however, we found the area designated for keeping people safe was enclosed and close to the building. This meant people were still at possible risk, particularly if they were not able to use the steps in this area to lead them to safety. We checked the service's fire risk assessment and found it did not include further information about this. The provider also told us they did not have suitable equipment to assist someone with limited mobility to go upstairs in this area. The registered managers took on board our concerns and shortly after the inspection provided evidence that they had ordered a purpose built fire evacuation chair, which would assist staff in the event of needing to evacuate people upstairs. They also told us that the fire risk assessment would be updated to reflect this, and that appropriate training be provided to staff to ensure they were able to use the new chair if needed. This demonstrated a willingness on the part of the provider to improve existing safety procedures for people, by further reducing the risk of possible injury in the event of an emergency.
People told us they felt safe living at the service. One person told us: "Yes I feel safe. No reason not to. Everyone is kind and do their best." Staff, in a variety of different roles, told us they had been trained to

recognise signs of potential abuse. They were clear about their responsibilities in regard to keeping people safe. One member of staff stated: "I have not witnessed anything other than good care. Any concerns I would report straight away." We saw that clear information was on display in various places throughout the home, about safeguarding, and who to contact in the event of suspected abuse. Records confirmed that staff had received training in safeguarding and that they followed locally agreed safeguarding protocols.

People told us there were sufficient numbers of staff to keep them or their relative safe. A relative told us: "There's always someone about. I know. My mum fainted a while ago and there was staff with us within seconds." We saw that people had call bells within reach and that these were responded to promptly. Staff confirmed that people who were not able to use a call bell were regularly monitored, and we saw evidence of this happening. We observed there to be sufficient staff on duty to meet people's needs, and these were met in a timely manner. At lunch time in particular, we noted that people requiring assistance to eat had a member of staff with them, and that support was provided in a relaxed manner. Staff rotas showed that the planned number of nursing and care staff were on duty, supplemented with additional support from the provider, the two registered managers and administration, catering, activity, laundry, domestic and maintenance personnel.

The registered managers described the processes in place to ensure that safe recruitment practices were being followed; to ensure new staff were suitable to work with people living in the home. We were told that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service [DBS] certificate had been obtained. We looked at a sample of staff records and found that legally required checks were being carried out.

Good

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff with the necessary skills and knowledge. Staff in a variety of roles confirmed they were supported to access training appropriate to their role, and to further their learning. One staff member told us: "I had no qualifications until I came here. Now I have NVQ 3 and other training. I attend all the training here; first aid and diabetic [awareness], I am always learning." Another staff member said: "I can ask management if I want further training."

A training matrix had been developed which enabled the registered managers to review staff training and see when updates / refresher training was due. The matrix and other records confirmed that staff had received training that was relevant to their roles, and the registered managers spoke of plans to increase or update training for staff in other key areas such as dementia awareness, essential wound care, end of life care and the Mental Capacity Act 2005. We saw that some of this training had already been booked. We also saw that some staff had been allocated lead roles within the services in areas such as infection control, palliative care, safeguarding, health and safety, falls and nutrition.

Staff meetings were being held on a regular basis; to enable the registered managers to meet with staff as a group, and to discuss good practice and potential areas for staff development. We saw from meeting minutes that these were used to discuss feedback from people using the service and events that had happened in the home; as a learning opportunity and to improve the service provided. Staff also confirmed they received individual supervision, which provided them with additional support in carrying out their roles and responsibilities. Records we looked at supported this.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The 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 found that the registered managers demonstrated a good understanding of the processes to be followed and when to implement these if someone was assessed as lacking capacity or at risk of making an unsafe decision. They showed us new forms that had been developed to ensure certain decisions made on people's behalf, such as consent to care or sharing a room were always made in their best interests. Throughout the inspection staff demonstrated that they understood people's needs well and they encouraged them to make their own choices and decisions, as far as possible.

People told us they had enough to eat and drink and that they enjoyed the food provided. One person said: "I am full after a couple of mouthfuls, so with information from the dietician I am on fortified drinks and three milkshakes a day. The cook came up to see me and ask if she could do anything to help and told me just to ask if I fancied anything." Another person told us: "I always have a jug of water and some juice. Coffee is at regular intervals, and that suits. Food is fine. If I don't like it they will change it, but it's usually very

good." A relative added: "She's got to know staff and has gained weight since being here."

The chef demonstrated a good knowledge of people's individual needs and preferences; they understood the importance of increasing nutritional intake where people were at risk of malnutrition. They told us: "I know how to fortify people's food where you need it." We saw a certificate had been awarded to the service by the local Food First Team, who work with care homes to promote the detection of, and provide support in managing, those at risk of malnutrition using everyday foods. Records showed that people's weight was being monitored, to support staff in identifying any potential healthcare concerns, and this was monitored regularly.

We observed lunch and found this to be a positive social experience for many. Where people required help with eating and drinking, assistance was provided in a discreet manner and no one was rushed. Throughout the inspection we saw that people had fluids within easy reach, and that a variety of food and drinks were provided at regular intervals. People we observed confirmed they had enjoyed their meals and were seen to eat well.

People confirmed they were supported to maintain good health and have access to relevant healthcare services. One person told us: "That's another good thing about the staff, they are also happy to work with outside staff too." This was said in relation to the external Macmillan nursing team that was supporting them. A relative confirmed staff were good at keeping in touch when people's needs changed. They told us: "One night she was quite poorly and staff let me know how she was. This is the best place for her."

Staff told us they felt well supported by external healthcare professionals, who they called upon when they required more specialist support. Records showed that visits to and from external health care professionals were being recorded and that the service received regular input from relevant professionals such as dieticians.

Good

Is the service caring?

Our findings

People confirmed that they were treated with kindness and compassion. They spoke positively about the care and support they received. One person told us: "I do get the best care here." Relatives also provided positive comments such as: "We haven't seen anything we did not like. All the staff are caring and patient" and "I am very happy with the care here and so is mum. She is well cared for, I can leave her here and not worry."

In addition, we looked at some recent written feedback provided by other relatives of people that had used the service in the last year. One relative had written about the staff: 'You all got along well and I think that was really important. I have seen your kindness in action and how much you cared.' Another relative had written: 'You have made a difficult journey easier for us'.

We observed many positive interactions between staff and the people using the service throughout the inspection. All of the staff demonstrated a caring, calm and respectful approach, which was meaningful and personalised. For example, we saw a member of staff popping into say goodbye to someone at the end of their shift, and to check they were comfortable. The person confirmed this happened regularly by telling us: "He always makes sure I have everything I need before he leaves and says goodbye." Other staff were also seen making sure people were comfortable and had everything they needed to hand, including blankets to ensure they were warm enough, given the time of year. The chef told us they liked to ensure people felt special on their birthday. They said: "I always make birthday cakes for residents and do my very best. I always think this could be my Grandmother here."

People confirmed they felt involved in making decisions about their care and day to day routines. One person told us that they liked to choose where to eat, sometimes preferring to eat in their room and other times choosing to eat with people in one of the communal dining areas. Observations made throughout the inspection showed that people's individual preferences were well known by staff and that these were respected and followed. We noted too that staff took the time to explain what they were doing, ensuring that people were provided with information and explanations in a way that was meaningful to them. For example, we observed a game of musical bingo taking place where one person was initially struggling to understand the rules. The staff member leading the session took the time to explain these on several occasions, and we noted the person became more actively involved as the game went on as a result.

Throughout the inspection we observed that people's privacy and dignity was respected and upheld. Easy to change 'do not disturb' signs were seen on people's doors, as well as signs reminding staff and visitors not to use their mobile phones on the premises. One of the registered managers explained this was to protect the privacy and dignity of the people living there.

People were supported to look and feel their best in appropriate clothing, while many people also had an appointment with a visiting hairdresser over the course of the day. At lunch, staff were seen protecting people's clothing with napkins and ensuring their hands and faces were clean. We noted too that the building and grounds had been maintained to a high standard, providing people with comfortable and

dignified surroundings. A number of people and relatives we spoke with confirmed that part of their decision to use the home had been based on the cleanliness and upkeep of the service.

People told us visitors were welcome without restriction, and they were encouraged to maintain important relationships with friends and family. We saw that kitchenettes had been provided for use by visitors, enabling them to make a drink or a snack should they wish to do so. In addition, one of the registered managers told us that Wi-Fi (wireless networking technology) was available to use. This enabled people to access the Internet and social media; to support them to avoid social isolation and maintain relationships with people that matter. We spoke with one person who described this as a 'godsend', because they could use their tablet computer to read books and keep in touch with friends and family.

Good

Is the service responsive?

Our findings

People told us they were able to contribute to the assessment and planning of their care. People we spoke with were aware that they had a care plan, which described their needs and how these should be met. Relatives were also clear about the care planning process and confirmed their involvement. One relative told us: "There is a care plan which is reviewed. [Staff name] is mum's nurse. All staff help her a lot and they are all approachable, including management. There are no negatives. Everyone is very good here."

Staff told us that before people used the service, they were asked for information about their needs. This information was then used to develop a care plan that reflected how each person wanted to receive their care and support. One member of staff described how they ensured care plans were personalised and reflected people's individual needs. They said: "Everyone is involved, we liaise with family and we keep communicating. It's about what the patient wants." We reviewed care records and found that people had been asked for information prior to moving in, including useful information about their life history, interests and preferences. Care plans we looked at had been reviewed regularly; to ensure the care and support being provided to people was still appropriate for them. Additional records were being maintained to demonstrate the care provided to people on a daily basis.

People told us they received personalised care that was responsive to their needs. One person told us: "I did have a different room, but with my neck I found it difficult to view people as they came in the room – it was the shape of the room and where the bed had to be. So, in a short time they showed me and the family this room and it is ideal. It had a good clean and here I am. I can watch the world go by again." Another person told us: "I asked the manager if there was anyone she knew who could help me with a finance worry I had, and she had someone came straight away." A relative added: "Mum asked for a new cupboard in her room and it was there the next day."

People confirmed they were enabled to maintain their independence, and we saw that staff encouraged people to have as much choice and control as possible. Some people were not always able to make complex choices about the care and support provided to them, due to ill health however, we observed staff offering them simple choices, such as how many sugars to include in their cup of tea.

At lunch time one person was being assisted to eat but they then took the spoon from the staff member's hand; indicating that they wanted to eat without help. We saw that this was respected but we noted the staff member stayed close to hand, to ensure the person ate well and with minimal difficulties, which they did.

People talked to us about the activities that were provided by the home. One relative told us: "There is a happy atmosphere here." Another relative told us: "There is enough entertainment." They went onto describe some of the activities that took place at the service including; nails, foot spa, newspapers to read, discussion groups, flower arranging, a regular PAT (pets as therapy) dog visitor and church services. We also looked at some written feedback provided by relatives of people using the service in the last year. One person had written: 'I have such fond memories of visiting [person's name] at Airedale, doing activities, taking a turn around the garden, playing cards and getting soundly beaten at dominoes every time!' We

observed activities taking place during the inspection including musical bingo, a question and answer session - which stimulated conversation about people's past lives and a sing along session. We saw people enjoying these activities and lots of laughter and friendly banter was heard. Photographs were seen in regular newsletters about the service, which evidenced that activities took place on a regular basis.

Everyone we spoke with told us they knew how to make a complaint or raise a concern if they needed to. People told us that staff were approachable, and they would feel comfortable talking to them if they were unhappy about something. We saw that information had been developed for people outlining the process they should follow if they wished to complain or they had any concerns. Records provided a clear audit trail and showed that complaints and concerns were taken seriously, and dealt with in a timely way. We noted that people were kept updated on the actions taken in response; in order to improve their experience and the service overall. This showed that people were listened to when they provided feedback about the service provided.

Good

Is the service well-led?

Our findings

People told us there were opportunities for them to be involved in developing the service such as satisfaction surveys, meetings and face to face contact with the registered managers and staff. A relative told us: "There are regular meetings." We saw useful information around the building for people, staff and visitors regarding safeguarding, the complaints procedure, fire safety arrangements, newsletters and meeting minutes. Information had also been developed for prospective users of the service, setting out what they could expect from the service. This contained information about the facilities provided and what people could expect if they were to move in. This demonstrated an open and transparent approach in terms of how information was provided to, and communicated with people.

The service also demonstrated good management and leadership. There were two registered managers, who shared the responsibilities and duties of the role of manager on a job share basis. 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.

People spoke positively about the management of the home. One relative said: "The staff are good, as are the management and owners. Nothing is too much trouble. They make sure we have what we need." A staff member commented on the service provided by adding: "It is well led, and we have staff meetings. It is open and we can talk about concerns." It was evident during the inspection that the two registered managers worked well together and complimented each other's individual management styles. They were seen to be a visible presence and provided hands on care as required. We saw evidence that one of the registered managers had successfully completed a nationally recognised leadership qualification, and the other registered manager confirmed she was in the process of completing this too.

Staff spoke enthusiastically about their roles and knew what was expected of them. One staff member told us: "I love it here; there is something different every day." The chef provided an example of how the staff team worked well together. They told us: "Yesterday the power went out. I was about to serve up lunch which goes up in trolley but would need the lift. All of a sudden staff were in my kitchen taking the meals up the stairs and we all worked together and lunch was being served. It was so nice; we were all supporting one another to get a hot lunch up to the residents as quick as possible." This demonstrated that staff were motivated and understood their responsibilities in terms of providing a quality service to people. We observed staff working cohesively together throughout the inspection and noted the way they communicated with one another to be respectful and friendly. We learnt from speaking with staff and looking at records that the provider operated an internal reward scheme, to recognise good practice and hard work by staff.

Systems were in place to ensure legally notifiable incidents were reported to us, the Care Quality Commission (CQC). Our records showed that these were reported as required. We saw that information required by external bodies such as the local authority and clinical commissioning group was being

provided too.

The registered managers talked to us about the quality monitoring systems in place to check the quality of service provided. They showed us that satisfaction surveys were given out to people, relatives, staff and other professionals; to gain their feedback on how well the service was doing, and to see if there were areas that could be improved. We saw the results of a recent satisfaction surveys that provided positive feedback overall. Where suggestions for improvements had been made, we saw that this had been acted on. For example, one person was not sure about how to make a complaint, so the complaint process had been explained to them by one of the registered managers.

There was evidence that the provider was committed to providing high quality care and that their approach to quality was integral. For example we saw that the kitchen had been awarded a 5 star (the highest level) food hygiene rating. The service had also been accredited as 'Peninsula Employer of Excellence', meaning that achievements in terms of overall management, staff morale and positive organisational culture had been recognised. In addition, there was evidence that the service was working towards the Gold Standards Framework accreditation in End of Life Care. The registered managers explained that the service had previously achieved accreditation in this area therefore the staff still worked to these standards however, they hoped to formalise this approach by September 2017.

The provider told us that an external consultant carried out an independent audit of the service on a regular basis. We were shown this and noted that the consultant's audit had been designed to answer the Care Quality Commission's five key questions which we focus on when inspecting services, where we ask whether a service is safe, effective, caring, responsive to people's needs and well-led. Other internal audits had also taken place including medication systems, infection control, falls, care plans, complaints and notifiable events. Corresponding action plans had been developed to address areas identified for improvement, and there was evidence that these actions had been carried out. This meant that there were arrangements in place to monitor the quality of service provided to people, in order to drive continuous improvement.