

R.M.D. Enterprises Limited

Manor Lodge

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Manor Lodge is a care home that provides accommodation and personal care for sixteen older people some of whom are living with dementia. The home has a communal lounge/dining room and well-maintained enclosed garden. People's bedrooms are single occupancy and located over two floors. A passenger lift enables people with mobility needs to access the first floor. There were sixteen people using the service including one person who was in hospital at the time of the inspection.

At our last inspection we rated the service good. At this inspection on the 15 March 2018 we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Arrangements were in place to keep people safe. Staff knew how to identify abuse and understood the safeguarding procedures they needed to follow to protect people from abuse.

Risks to people's health and well-being were identified, assessed and managed as part of their plan of care and support. Staff understood their responsibilities to deliver safe care and to report to the manager all concerns to do with people's safety and any poor practise from staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff gained people's consent before providing personal care.

Medicines management systems were in place to ensure people's medicines were stored and administered safely. People's dietary needs and preferences were understood and supported by the service.

People received personalised care and staff were responsive to people's needs. People's care plans included details about people's individual preferences and information staff required to provide people with the care and support they needed in the way that they wanted. Care plans were reviewed regularly and were updated when people's needs changed.

Staff had a caring approach to their work and understood the importance of treating people with dignity and protecting people's privacy. People's confidentiality was maintained.

People had the opportunity to take part in a range of activities. Staffing levels and skill mix provided people with the assistance and care that they needed. Appropriate recruitment procedures were in place to ensure that only suitable staff were employed to provide care.

Staff received the training and support that they needed carry out their roles and responsibilities including providing people with individualised care.

People and their relatives knew how to make a complaint and were confident their concerns would be addressed appropriately by the service.

There were systems in place to assess, monitor and improve the quality of the services provided for people. Improvements to the service and people's care were made when needed.

People's healthcare needs were assessed. The service worked with healthcare and social care agencies to ensure people's needs and preferences were met.

We have made two recommendations. One about improving the access of the building for people using the service and visitors who have mobility needs, and another about developing the adaptation, design and decoration of premises to ensure that the environment always meets the needs of people using the service who were living with dementia.

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?

Good ●

The service remains Good.

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.

Manor Lodge

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.

This was a comprehensive inspection: It took place on the 15 March 2018 and was unannounced.

The inspection was carried out by one inspector.

Before the inspection we looked at information we held about the service. This information included the Provider Information Return [PIR] which the provider had completed before the inspection. The PIR 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 also reviewed the report from a quality check of the service that was carried out by the host local authority in 2017.

During the inspection we observed interactions between staff and people who used the service. As some people were not able to tell us about their experiences, we used the Short Observational Framework for Inspection (SOFI) in one of the lounge areas of the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with the nominated individual [provider representative], manager, activities coordinator, eight people using the service, two senior care workers, three care staff and two people's relatives.

We also reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of four people using the service, three staff records, audits and policies and procedures that related to the management of the service.

Is the service safe?

Our findings

People told us they felt safe living in the home. One person told us, "I feel safe here." People's relatives informed us that they felt that people were safe when receiving care and did not have concerns about their safety.

The service had a safeguarding policy to protect people and keep them safe. Staff had a good understanding of different types of abuse and knew the action that they needed to take if they suspected a person had been harmed or was at risk of abuse. They knew to report any concerns to the manager. They told us that they would contact the host local authority safeguarding team and the Care Quality Commission [CQC] if no action was taken by the provider. Records showed that staff had received training about safeguarding adults.

The contact details of the host local authority safeguarding team were displayed in the home so the information was accessible to people and staff. Staff were aware of whistleblowing procedures and told us that they wouldn't hesitate to report to the manager poor practice from staff or any other concerns to do with the service.

There were appropriate arrangements in place for managing people's finances and details of these were written in people's care plans. Information about those who had Lasting Power of Attorney and could legally make decisions about people's finances and health on their behalf was available. People's finances were monitored closely. Records of people's income and expenditure were maintained and checked regularly by the manager.

Accidents and incidents were recorded and addressed appropriately. They were recorded and monitored. Staff understood their responsibilities to report and record incidents. The manager had taken action to minimise the risk of a reoccurrence. The manager told us that she would in future ensure that as part of quality monitoring processes she would review all accidents and incidents regularly to identify any patterns and then take action to minimise the risk of people being harmed.

Risks assessments of the premises, food preparation, cleaning and the portable ramps had been carried out. Staff had signed that they had read these risk assessments. People's care plans included information about any risks to their safety. Where risks had been identified, actions and guidance for staff to follow were in place to keep people safe. People's risk assessments included risks associated with their mobility and minimising risk of falls. Risk assessments were regularly reviewed and when their needs changed. The manager told us, "Risk is my focus. I am big on minimising risks, it is so important."

Arrangements were in place to ensure appropriate staff recruitment practices were followed. We checked three staff members records, which showed appropriate checks had been carried out so only suitable staff were employed to work with people. .

We looked at the arrangements that were in place to ensure there were sufficient staff on duty so people

received the care and support that they needed and were safe. Night and day staff told us that they felt that there were sufficient numbers of staff on duty to ensure people's needs were met. Throughout the inspection call bells were answered promptly and staff provided people with the support they needed with personal care, meals and activities. One person told us that, "If I ring the bell and they come and see to me." However, another person said that they had at times had to wait several minutes for assistance when staff were busy supporting others with their personal care needs. The manager told us that she monitored how quickly call bells were answered and answered them herself when staff were busy. She also told us that additional staff were provided when people were unwell or needed staff to accompany them to an appointment. Staff confirmed this and a person told us, "I go to Northwick Park Hospital. They [staff] go with me from here."

Arrangements were in place to manage and administer medicines safely. People's medicines were stored safely and medication administration records showed that people had received their medicines as prescribed. Staff told us that they received training about medicines and had their competency to manage and administer medicines assessed. Records confirmed that. We observed staff administering people's medicines and saw that they were patient, explained what they were doing and offered each person the support they needed. A person told us, "I have lots of medication. I get my tablets on time. They are very good with my medication." Regular medicines' audits took place to make sure that medicine stock was accurate and medicines were managed safely.

Regular safety and maintenance checks of the premises and a range of systems were carried out to ensure people, staff and visitors were safe. Records showed that these included equipment and electrical appliance and installation checks. The service had an up to date fire risk assessment. Routine fire safety checks and fire drills were also carried out. Fire safety guidance was displayed and people had individual personal emergency evacuation plans [PEEPS] in place. These detailed the support people would need if the building needed to be evacuated in an emergency. The service has a business contingency plan and fire evacuation plan which detailed the arrangements in place for responding to a range of emergency events such as gas and water leaks.

The home was clean and was free from malodours. We reviewed the systems in place to help ensure people were protected by the prevention and control of infection. Records showed us that staff had completed training on infection control and food hygiene. Protective clothing including disposable gloves and aprons were used by staff when undertaking some tasks, to minimise the risk of cross infection. A person told us, "My room is clean. It's lovely here. People say that it is the cleanest place around."

An environmental cleaning schedule and cleanliness checks were carried out. Where areas required attention, actions were put into place to address deficiencies and records confirmed this.

Although the service had portable ramps to enable people with mobility needs including wheelchair users to access the home and garden. We found that the ramp for accessing the front door was not easy to use and not very suitable for meeting the needs of wheelchair users. Several staff were needed to assist a person to access and leave the premises using the ramp as it was very steep. Threshold ramps to assist with accessing the building and garden were not available. The ramp for accessing the garden looked worn and lacked hand rails to aid people's safety. This was discussed with the manager and the provider representative. The provider told us that they had looked into installing a permanent ramp at the front of the home but that the age and design of the building was a factor that had made it problematic to install. He confirmed that he would take further steps to resolve the issue. Following the inspection the manager told us that action was in the process of being taken by the provider to address the issue to ensure improvements were made to the access of the care home and garden.

We recommend that the service seek advice and guidance from a reputable source about adaptations to the premises and equipment that support and facilitate access to and from the building by people who have mobility needs.

Is the service effective?

Our findings

People and their relatives told us they were satisfied with the service and felt that staff were competent. A person told us they made choices and received the care and support that they needed from staff. They told us that they received assistance with their personal care needs that met their preferences. Another person spoke in a positive way about the meals. One person told us, "They [staff] help me with my shower or bath. And help me to dress."

Comments from people's relatives included, "Staff are very kind and competent" and "I have no worries about the staff. If [person] wasn't happy [they] would tell me."

People's care documentation showed that people had received an initial assessment of their needs before moving into the home to help ensure that the service was able to meet their needs. A person's relative told us that they had been fully involved in a person's initial assessment.

People's care plans were developed from the initial assessment and showed that people's needs including personal care, mobility and healthcare needs had been identified, assessed and regularly reviewed by staff. Records did not show that people had been asked for their feedback about their care during the monthly review of their needs. The manager told us that they would ensure that people and when applicable their relatives had the opportunity to participate and provide feedback about people's care during these regular reviews. Staff were knowledgeable about people's needs. They told us that they read people's care plans and that there was good communication between the staff to ensure that people always received the care that they needed.

People's care plans included information about people's needs and preferences. They included guidance for staff to follow to meet people's individual care needs. Staff had a good understanding of people's rights regarding choice. They told us about how they supported people to make choices about what they wanted to do, eat and wear. We heard staff offer people choices during the inspection. For example a person chose to have a different meal to the one that they had previously requested. This decision was respected and staff promptly provided the person with the meal of their choice.

Staff told us that when they had first started work they had received an induction that had prepared them for carrying out their role and responsibilities. The manager informed us that when any new care staff were employed she would ensure that they completed the Care Certificate induction. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of care staff in the health and social care sectors.

Staff spoke in a positive way about the training and learning that they received to ensure that they delivered effective care and support. Staff had received training relevant to their roles and responsibilities. This included learning about people's specific needs and how to provide them with the care that they needed. Topics included; pressure area care, symptoms of strokes, diabetes, dementia awareness and falls training. The manager told us about a range of learning sessions that she had provided for staff to develop their

knowledge and to promote best practice. Learning session topics had included dignity, personal care and mental capacity and DoLS. They told us about a range of further training that they planned to implement. Some care staff had achieved relevant qualifications in health and social care.

Staff told us that they received the support they needed. They informed us and records showed that staff had regular one-to-one supervision and appraisal meetings with a senior member of staff for support and to ensure that their development needs were met. A member of staff told us, "I feel well supported."

People's care plans and other records included information about each person's health needs and showed that people's healthcare needs were monitored by staff. Care plans included details of any medical conditions such as diabetes and guidance for staff to follow to meet those needs. People had access to a range of healthcare services. Care records included a record of appointments with healthcare professionals that included GPs, chiropodists and opticians. A person told us, "The chiropodist comes about once every two months."

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.

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). The manager and staff had understood how the MCA and DoLS were relevant to the service. Records showed that several applications for authorisations for DoLS had recently been made by the service.

Staff knew about the importance of obtaining people's consent before helping them with personal care and all other support. A member of staff told us, "I always explain to them [people] and ask permission before I help them."

People told us that they were mostly satisfied with the meals that were provided. During the inspection people told us that they had enjoyed their breakfast and lunch. We saw people were offered a choice of meals. People told us, "I like the food," "There is a choice" and "There is not a lot of choice. I like the sandwiches if they are full of filling." Staff told us that they asked people for feedback about the meals and would in future record the feedback to ensure that it was evident that any complaints were addressed. Staff were knowledgeable about people's nutritional preferences and particular dietary needs. A person told us that their dietary cultural preferences were met by the service.

People were encouraged to eat independently but were provided with assistance when needed. We noticed that one person had some difficulty using a cup due to their needs. The manager told us that she would ensure that the person was offered a specific cup aid to assist them with drinking. Staff ensured people had a cold drink beside them at all times, which we saw people access frequently. The manager told us that this minimised the risk of people becoming dehydrated and had led to a reduction in health issues associated with not drinking enough.

The home was warm and maintained. Since the last inspection the communal lounge interior had been changed and the seating had been rearranged so people could sit in smaller groups. The manager told us that this had helped promote more effective engagement between people as they could talk with each other more easily.

We noted that some lights in communal passage ways were not working, and emergency call bell cords in

communal bathrooms did not reach close to the floor so were not accessible if a person fell onto the floor. These issues were addressed during the inspection by a maintenance person. The issue of a lack of handrails in one bathroom was addressed following the inspection. People told us that they liked their bedrooms, which we saw included personal items. A person told us, "My bedroom is very nice

There were some areas of the home including some people's bedrooms that were tired looking. The interior of the premises lacked colour and other features that could promote the attractiveness of the environment for people as well as be more suitable for people living with dementia.

We recommend that the service seek advice and guidance from a reputable source, about how to improve the design and decoration of the premises to promote the well-being and independence of older people including those who live with dementia.

Is the service caring?

Our findings

People's relatives told us that they had no concerns about the way staff engaged with people. A person's relative told us that they were confident that their relative living in the home would inform them if staff were ever unkind. Comments from people's relatives included, "Staff are very kind and competent."

People told us, "They [staff] are polite," "They [staff] are very good. If there is anything I want I call them" and "I find it comfortable here." However, one person told us that there was one staff member who had spoken to them in a way that lacked any warmth and had made them "not feel good." We informed the manager of the person's feedback and she quickly took steps to address the concern by speaking with the person, and told us that she would investigate the issue.

Staff spoke of enjoying their jobs and of their respect and liking of the people using the service. During general observation and SOFI we saw positive interaction between staff and people using the service. Staff were polite, compassionate and friendly in the way that they engaged with people. A member of staff spoke with a person in the person's language of birth which helped the person communicate their needs more effectively. We heard staff say good morning to people and ask them if they were all right and whether they wanted any assistance.

People were given the time they needed to communicate their choices and requirements and staff had a good understanding of what privacy and dignity meant in relation to supporting people with their care.

The provider representative told us that during visits to the service he asked people for their feedback about the service they received. They and the manager told us that they constantly observed staff engagement with people to check that the support people received was always positive and caring.

Staff were aware of the importance of respecting people's differences and human rights. Staff told us that they provided people with emotional support when they needed it such as when people experienced difficult significant events in their lives.

People were supported to maintain relationships with family and friends. People told us about the contact that they had with family members. People's relatives' spoke of regularly visiting people and told us that they were always made to feel welcome by staff no matter what time of day they visited people.

People's independence was supported. People used a range of mobility aids to support them to walk independently. Staff told us that they encouraged people to do as much for themselves as they were able to do so. Some people help with household tasks for example one person helped to lay the table and sometimes did the washing up. The person told us that they enjoyed helping around the home. A member of staff told us, "We encourage and promote independence, people doing things for themselves." People's choices in relation to their daily routines and activities were listened to and respected by staff. Staff we spoke with were knowledgeable about people's preferred routines and told us about how they supported people to attain them.

People told us that their privacy was respected by staff. Staff were able to explain how they maintained people's privacy when supporting them with personal care. They told us that they ensured doors and curtains were closed when people were being assisted with personal care. We saw that staff knocked on people's doors before entering. Staff were aware of the importance of confidentiality. They knew not to speak about people to anyone other than those involved in their care. People's care records and staff records and other documentation were stored securely.

There was information about people's background and their individual needs that included details about their interests, culture, spiritual and disability needs. People and staff confirmed that festive occasions and people's birthdays were celebrated by the service. Information about people's A representative of a place of worship regularly visited the home. Staff had an understanding of the importance of equality and respecting diversity and human rights. A member of staff told us, "We are all from different backgrounds, respect and being compassionate are important. [People] are like my family. I treat them as such." Another member of staff spoke of the importance of fairness and treating people with respect.

Is the service responsive?

Our findings

People told us that they received the care and support from staff that they needed. A person told us, "As soon as I say anything [to staff] it is done. They are lovely; I can't fault them at all."

People's relatives told us that they felt staff understood people's individual needs and responded appropriately when people's needs changed. Comments from people's relatives included, "They [staff] keep me informed. I will say to them keep an eye on [person] and they are very accommodating" and "They always ring me if [person] is unwell."

People's care plans were personalised. The care plans included specific information about people's individual needs, background, preferences and routines and detailed information about how each person would like to be supported. Staff were aware of the care and support people needed and told us that they followed guidance to ensure they were consistent and responsive in the way that they cared for people. We observed some unsociable behaviour by a person towards a member of staff. The manager promptly reviewed and updated the person's care plan and guidance to support staff in managing that behaviour and to minimise the risk of it occurring again.

Staff had a 'handover' at the start of each shift and a meeting with the manager took place daily when people's care needs were discussed and reviewed with staff. At the start of the day shift a night member of staff completed a 'walk around' visiting each person using the service with the manager to update her about each person's current needs and about the night they had. Staff told us that they always read the communication book to ensure that they were well informed about each person's current needs.

Staff completed 'daily' records about the care people had received during each shift. This helped ensure that care staff shared information about people so were aware of people's current needs and could provide the care that they needed.

Staff we spoke with knew people well. They told us about people's individual preferences and needs. They knew about the foods and activities that people liked and how this was accommodated. A member of staff provided a person with a beaker of warm water to drink when swallowing their medicines as this was the person's preference.

We discussed the Accessible Information Standard [AIS] with the manager. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS. Information about the service was in mainly written format but there was some records such as the newsletter that included pictures. Some people using the service were unable to communicate their needs and wishes verbally. Staff spoke of how they encouraged and supported people to communicate their needs and preferences through showing people choices of clothes and food, understanding their particular gestures, facial expressions and behaviour. The manager told us that she would look into ways of making information as accessible as possible to people.

People were supported to take part in activities. People spoke of the activities that they participated in. They spoke of enjoying watching television, listening to music. A person told us, "I like reading." A mobile library regularly visits the service. There are plenty of books here," "I like it when we throw the ball," and "We have a laugh with the activities."

The manager told us that staff engaged in activities with people and an activity coordinator supports people with a range of activities, such as baking, reminiscence, exercise, art and handcrafts one or two days a week. During the inspection an activities coordinator involved people in a flower arranging activity. A person spoke of their enjoyment of participating in it. A member of staff was seen manicuring people's nails and other staff involved people in a bingo activity.

Records and recent photographs showed people enjoying a World War remembrance activity, a coffee morning, planting bulbs and spending time with the a pet dog. A person's relative told us that a person had enjoyed participating in a filmed activity to do with the person's memories of the second World War. The manager told us that when the weather was good people spent time in the garden. They also told us sometimes on people went out of the home with their relatives and on occasions with staff. The activities coordinator told us that she aimed to develop and improve the opportunities for people to go out into the local community. They told us that there were plans to provide people with the opportunity to go on a trip to a country park. They also told us that in the summer of 2018 it was planned to install raised garden beds so that people using the service could more easily grow vegetables in the garden.

A person's relative told us that they were asked for their feedback about the service and had completed a feedback form. They told us that the provider representative "always asks me to let them know if there are any issues [to do with the service]." The service had recently sought the views of the people who used the service and their relatives about a range of areas to do with the service including, meals and activities. An action plan had been developed to ensure that the service was responsive to the feedback. Records showed that relatives/residents meetings took place where people were informed about changes to the service and had the opportunity to feedback about the service. Manor Lodge produces a regular newsletter that provided information about the service and the activities that people took part in.

The home had a system for recording and dealing with complaints appropriately. The manager told us that "It was important to respond [to complaints] in a reasonable time." People's relatives knew who to contact if they wished to make a complaint. They told us that they would not hesitate to speak with staff and the manager if they had a concern about the service. A person told us that they would speak to staff or their relative if they had a worry or complaint. However, two people we spoke with were not aware how to raise a complaint. Records indicated that there had been no complaints during the last twelve months.

At the time of the inspection there was no one receiving end of life care. The manager told us that there had been occasions when people had received care in the home at the end of their life and that they liaised with the local authority palliative care team to ensure people received the end of life care that they needed and wanted. People's care plans included information about people's individual wishes at the end of their life. These included details about whether or not they wished to be transferred to hospital, who they wanted to be contacted and any other wishes they had. Records showed that a senior care worker had received end of life training. The manager told us that they planned to ensure that all staff received end of life training. Following the inspection the manager told us that they had contacted the local hospice about end of life training.

Is the service well-led?

Our findings

People and the relatives that we spoke with told us that they were satisfied with how the service was run. People told us, "You can't get a better place," "I am happy living here." A person's relative told us that they had recommended the service and that the, "[Manager] is lovely, it [the service] is well run."

At the time of the inspection the home did not have a manager registered with the Care Quality Commission. 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 previous registered manager had left the home at the end of 2016. After the registered manager left the service the provider appointed a new manager who had managed the service for several months but left the service before registering with us. The provider appointed the current manager in November 2017 who was in the process of registering with us. Following the inspection the manager informed us that she had received confirmation from us that she was now registered with us.

The manager ran the service with support from the provider's representative and senior care staff. Housekeeping staff, cooks and a maintenance person were employed to carry out non care duties Staff were knowledgeable about the lines of accountability. They knew they needed to keep the manager and other staff well informed about people's needs and of any issues to do with their care and the service. Staff spoke highly of the manager and told us that they were approachable, supportive and available to provide them with advice when needed.

The manager spoke about being "hands on," and of having an "open door policy". They told us that when they started managing the service they had spent time; getting to know the systems, staff roles and people's relatives, so they could understand where improvements and developments to the service were needed. They told us about how they kept up to date with best practice and spoke of current national evidence based guidance in respect of the management of medicines.

Staff spoke positively about communication with the manager and other staff. They told us and records showed that staff had the opportunity to attend regular team meetings where they were informed about any changes to do with the service, discussed people's progress and best practice. Topics of best practice discussed in staff meetings included, dignity, choice, health and safety, fire safety, residents activities and care planning. Staff we spoke with told us that they felt comfortable raising issues to do with the service and people's care during staff meetings and at any other time.

During the inspection we saw the manager and the provider representative engage with people in a positive way. The provider representative visited the service regularly often unannounced so they could meet with the manager to discuss the service and monitor the service being provided to people. A person's relative spoke very highly of the provider's representative and the manager and of the support that they and a person using the service had received from them.

The manager told us that they engaged with the host local authority commissioning and quality assurance teams to ensure that there was good communication about people's care. The service been responsive in having taken action to develop and improve the service in response to some deficiencies found from a quality check that was carried out by the host local authority in 2017.

Open days had been held by the home where people's family and friends were invited. Records showed that people and their relatives had been asked for their views and ideas about the planned redecoration of areas of the service. Compliments about the service had been received. These included a written compliment, "It is good to know [Person] is getting looked after so well. Your staff are helpful and perfect at their job."

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service. We found that a range of audits were regularly undertaken by the manager and senior care staff as part of the quality assurance and quality improvement process. These checks covered a range of areas of the service including medicines, care plans, cleanliness of the environment, hand hygiene audit, falls, health and safety arrangements including hot water temperature checks. Action had been taken when deficiencies were found to make improvements to the service and to minimise the risk of them happening again. The manager told us that she was in the process of developing and improving the quality monitoring and improvement systems, and had plans to implement a regularly auditing of falls.

The manager also completed a comprehensive monthly report which was provided to the provider's representatives. It included a review of a range of areas to do with the service and details of where improvements were needed.

Maintenance issues were addressed promptly for example recent checks of automated door releases had shown areas where there were shortfalls and how they had been addressed.

Care documentation was up to date. The service had a range of up to date policies and procedures in place. The policies included the guidance staff needed to follow and act upon in all areas of the service such as responding to complaints and health and safety matters.