

Sweyne Healthcare Limited

Sweyne Court

Inspection report

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Essex
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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 30 August 2017 and 7 September 2017 and it was unannounced.

Sweyne Court is registered to provide accommodation and personal care without nursing for up to 43 older people, some of whom may be living with dementia. There were 40 people living in the service at the time of the inspection.

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

At the last inspection in June 2016, we asked the provider to take action to make improvements to risks to people's health and safety, their responsibilities under the Mental Capacity Act 2005 (MCA) and their quality assurance processes. The provider sent us an action plan and the actions have now been completed.

At this inspection, we found that people received safe care and support. Risks to people's health and safety were fully assessed and had management plans in place to minimise any risks. People's capacity to make decisions had been assessed and the outcomes were recorded. The registered manager and staff had been trained in the MCA and demonstrated a good knowledge and understanding of the Act and of how to protect people. Staff knew how to protect people from the risk of harm. They had received training and described how they kept people safe. There were sufficient staff who had been safely recruited, were well trained and supervised by the registered manager and senior staff.

People received their medication as prescribed. Medication management was good. There were clear systems in place for ordering, receiving and disposing of medication. People received their medication from trained staff whose competency to administer medication was regularly checked.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. People told us they had a choice of food and drink that provided them with a healthy balanced diet. Staff were kind, caring and compassionate and they knew the people they cared for well. They respected people and ensured that their privacy and dignity was always maintained. People expressed their views and opinions and were supported to follow their individual hobbies and interests. People had access to a range of healthcare services and their healthcare needs were met. Advocacy contact details were available if needed.

People's care needs had been fully assessed and the care plans and risk assessments ensured that people were cared for in a way they preferred. The care plans provided staff with the information that they needed to meet people's needs and preferences and to care for them safely. People were confident that their concerns or complaints were listened to and acted on. There was an effective system in place to assess and

monitor the quality of the service and to drive improvements.

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.

People were protected from the risk of harm.

Staff were safely recruited and there were sufficient suitable, skilled and qualified staff to meet people's assessed needs.

The service had good medication systems and practice that ensured that people received their medication as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for well-trained and supported staff.

The registered manager and staff had a good knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). They had followed the guidance to ensure that people were supported appropriately in regards to their ability to make decisions.

People had a pleasant dining experience with sufficient food and drink. There were snacks freely available for people to help themselves to throughout the service.

People had access to healthcare professionals and experienced positive outcomes regarding their healthcare needs.

Is the service caring?

Good ●

The service was caring.

People were treated with respect by staff who knew them well. Staff were kind, caring and compassionate in their approach towards people.

People were involved in their care as much as they were able to be. Advocacy services were available if needed.

Is the service responsive?

Good ●

The service was responsive.

The assessments and care plans were detailed and informative and provided staff with enough information to meet people's diverse needs.

There was a clear complaints procedure in place and people were confident that their complaints were dealt with appropriately.

Is the service well-led?

The service was well led.

People, their relatives and staff had confidence in the registered manager and staff shared their vision to provide people with good quality person centred care.

There was an effective quality assurance system in place to monitor the service and drive improvements.

Good ●

Sweyne Court

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 inspection took place on 30 August 2017 and 7 September 2017 and was unannounced, carried out by one inspector 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 also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 12 people, three of their relatives, the registered manager, the deputy manager and 10 members of staff. We reviewed four people's care files and four staff recruitment and support records. We also looked at a sample of the service's policies, audits, training records, staff rotas and complaint records.

Is the service safe?

Our findings

At our last inspection in June 2016 we found that the service was not consistently safe. Risks to people's health and safety had not been fully assessed. Where risks had been assessed, they did not always contain management plans to inform staff how the risks were to be managed.

At this inspection, we found that risks had been assessed and management plans were in place. Staff were able to describe people's risks and tell us how they managed them. One staff member told us, "I know all of the risks involved in [person's name] care and I make sure I follow the plans on how to manage them when providing them with care. If I am unsure of anything I will read the risk assessment and follow the action plan which informs me of what I have to do." The care records contained clear information about risks and included how they were to be managed.

People were protected from the risk of abuse. They told us that they felt safe living at Sweyne Court. One person said, "I feel safe here as all the staff are very good." Visiting relatives told us they felt people were safe living in Sweyne Court. One relative told us, "I've never seen anything to concern me here about how staff treat people, they are always very good as far as I can see. My relative has visits from various family members and nobody from the family has ever raised a concern regarding the safety of people living at Sweyne Court." Another relative said, "I'm confident staff care for my relative well. I feel they are in safe hands." During our visits we saw that people were relaxed, comfortable and happy in staff's presence and when interacting with them and with each other.

Staff had been trained in how to safeguarding people and they demonstrated a good understanding of how to protect them. There were policies and procedures in place to support staff in the reporting process. Staff were able to explain the process and told us how they would apply it. One staff member said, "I would make sure the person was safe then I would report it to the manager or CQC or the council." There were posters and leaflets about safeguarding people displayed in the hallway.

People were cared for in a safe environment. The registered manager had ensured that other risks, such as the safety of the premises and equipment had been monitored and up to date safety certificates were in place. Staff had received training in first aid and fire safety and they knew to call the emergency services when needed. There were detailed fire evacuation plans in place that were readily available in the administration office to allow easy access to staff in an emergency. Staff told us, and the records confirmed that regular fire drills had been carried out. There was a list of emergency telephone numbers available in the registered manager's office, the administrator's office and in the medication room. This meant that staff had access to contractors contact numbers in the event of a major electrical or plumbing fault.

There were sufficient staff to meet people's assessed needs. People told us that staff responded quickly when they needed help. One person said, "If I need help with anything the staff are there. They soon come when I need them." We observed that staff were always on hand when needed and people were not left alone during our visit. For example, on two occasions throughout our visit we noted that staff members

waited in the lounge area until other members of staff came into the lounge to relieve them and they never waited for long. During our visits we saw that there were enough staff on duty to provide good, consistent and thoughtful care. The duty rotas showed that staffing levels had been consistent over the six week period checked and we observed that there were sufficient staff on duty to meet people's needs during both our visits.

There were robust recruitment processes in place to ensure that people were cared for by suitable staff. The registered manager had obtained the appropriate checks in line with regulatory requirements, for example, Disclosure and Barring checks (DBS) and written references before staff started work. Staff told us, and the records confirmed that the recruitment process was thorough and that they had not started work until all of the checks had been made.

People's medicines were managed safely. People told us that they were given their medication correctly and when needed. One person said, "The staff do my medication for me and make sure that I have taken it before they leave me." Another person told us, "If it [medication] was left to me I would forget to take it so the staff make sure that I do." Staff demonstrated a good knowledge of people's individual medical history and they gave people their medication appropriately.

There was a good system in place for ordering, receiving, storing and the disposal of medication. The deputy manager made medication requests every 28 days and senior staff were responsible for booking the new medication in. The service generally used a monitored dosage system, which helps to minimise the risk of errors. However, some people's medication was in separate packs due to it being new medication or due to people being new to the service. We carried out a random check of the medication system and found it to be correct. The medication administration record sheets (MARS) had been completed to a good standard. Opened packets and bottles had been signed and dated with the date of opening and there was a list of staff signatures to identify who had administered the medication. We saw that regular checks had been made at every shift change to ensure that the system worked well. The member of staff administering medication did so in an appropriate way. They told people what they were about to give them, and why and ensured that the person had swallowed their medication before leaving them. Staff had been trained and had received regular updates to refresh their knowledge. The registered manager regularly checked staff's competency to administer medication to ensure they maintained the knowledge and skills to administer medication safely. This showed that people received their medication safely and as prescribed.

Is the service effective?

Our findings

At our last inspection in June 2016 we found that the service was not consistently effective. Mental capacity assessments had not been carried out consistently in line with guidance. The manager and staff did not have suitable knowledge and understanding of their responsibilities under the MCA.

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 so that they can 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 this inspection, we found that mental capacity assessments had been carried out consistently in line with the MCA. The registered manager and staff had been trained and demonstrated a good knowledge and understanding of the MCA. Staff told us, and the records confirmed that people's capacity to make every day decisions had been assessed. One staff member explained, "Where people do not have the capacity to consent to their care the MCA form is in place and it shows what decisions can be made in the person's best interests." Appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed. People told us, and we heard that staff asked them for their consent before carrying out any tasks. This showed that where people were not able to make every day decisions the service made decisions in their best interest in line with legislation.

People were cared for by staff who told us they felt well supported and valued. Staff said, and the records confirmed that the induction process was thorough. Staff had received supervision and felt well supported by the registered manager. There was a supervision schedule in place that showed when supervisions were due and when they had taken place. Supervision sessions had included staff's need for training and development. One staff member said, "The manager is very easy to talk to and is very supportive and has helped me when I had problems." Another staff member told us, "I can discuss anything at my supervision and the manager is always available if I need support at other times."

People told us they believed they were cared for by staff who had the skills and expertise to deal with any emergency. One person said, "I think they [staff] could cope with anything, nothing seems to faze them." Another person told us, "The staff know just what to do for me and they are trained well." One relative stated recently, in the service's survey questionnaire, "I feel confident with the care and attention staff give my relative." We saw that staff were highly motivated and engaged with people, either discussing something, or encouraging them to join in with an activity. Staff told us, and the records showed that staff had received a wide range of training that was appropriate for their role and had been regularly updated. They got regular training and updates and the records confirmed this. The registered manager told us that all staff had either completed or were working towards a national qualification in care. The also said that any staff new to care had completed the Skills for Care 'Care Certificate'. The Care Certificate is a set of standards that social care

workers should cover as part of their induction when new to care. This ensures that all staff in social care learn the same skills, knowledge and behaviours to provide people with compassionate, safe and high quality care and support. This showed that people were cared for by well-trained and supported staff.

People were supported to have sufficient to eat and drink and to maintain a balanced diet. One person said, "There is always plenty of choice of what I want to eat and drink. We are never hungry here." The lunchtime meal was a happy social atmosphere with nicely laid out tables, condiments and sauces. We noted that staff explained the choice of meals, with great patience, to ensure that people were able to make an informed choice and personalise their meal. For example people said, 'just a few beans please or can I have the ketchup so I can dip my chips in.' People had appropriate equipment, such as plate guards, to enable them to eat independently. We saw that staff did all they could to encourage and support people to eat their meals and they did so in an appropriate way. People told us that there was always plenty of food and drink available and we saw them being offered drinks and snacks throughout our visits and there were snacks available throughout the service. The cook told us that where necessary, due to low body weight, people's food was fortified with cream, butter or/and milk powder. Adding these everyday ingredients to normal meals increased their nutritional content, without increasing the amount of food eaten. People's dietary intake had had been recorded and their weight monitored where required to ensure that their nutritional intake kept them healthy.

People told us that their healthcare needs were met. They said that they received visits from a variety of healthcare professionals such as the dentist, optician, chiropodist, GP and district and specialist nurses. One visiting relative told us, "The staff arranged for my relative to have their feet done by the chiropodist yesterday and they were very grateful for that. This made them feel so much more comfortable." Other relatives said that the service ensured their relative had their healthcare needs met and any equipment needed was put in place. For example, one person was unable to use their call bell so the registered manager provided a 'crash mat' beside the bed at night to alert staff to any problems. The records showed the outcome of healthcare appointments and they included any follow up actions. People told us, and the records confirmed that they got the support they needed to help them to remain healthy.

Is the service caring?

Our findings

People told us that the staff were very kind and caring. Without exception, all of the people we spoke with living in the home and their visiting relatives were very complimentary about the registered manager and staff. One person said, "I have only been here a few weeks and the staff have helped me to settle in well. They're very understanding, and they know I like a laugh, so they'll often stop and have a chat – very friendly." Their visiting relative agreed with this and told us, "The staff here are lovely. Every single one of them are really nice – they'll have a laugh and joke with my relative, which they love." We noted that a relative had commented in the last survey questionnaire how caring the service was. They wrote, 'We visited Sweyne Court unannounced and we were immediately impressed with the way the carers put the resident's needs first.' And, "The carers are very respectful of [person's name] personal care needs and they help [person's name] to dress so they always look nice. We see the staff treating all of the people with dignity each time we visit." Another person stated in their survey questionnaire, "The staff are caring and considerate of people's needs." Other people were very positive about how kind and caring staff were and their comments included, 'They're nice to me, very friendly and sweet girls,' and, 'They're such good girls, they are ever so friendly and chatty.'

Staff treated people with dignity and respect and encouraged their independence. People said that staff never rushed them and allowed them the time they needed to complete any tasks. They said that they were supported to maintain their independence and chose what they wanted to do and when they wanted to do it. Without exception people told us they were well cared for. One person told us enthusiastically, "They [staff] look after me so well. They're [staff] are absolutely wonderful to me." Another person said, "People treat me very well here. I think they're [staff] very good to me." Throughout our visits we saw many examples of kind, caring, respectful care. For example, one person got quite upset when listening to a particular song during the afternoon's entertainment. A member of staff noticed this immediately bringing the person a tissue and giving them friendly reassurance. When the next song was played the member of staff distracted the person by saying, "Would you like to dance with me." The person agreed and was seen swaying in time with the music and looking relaxed and happy. A staff member warmly greeted another person when they walked into the dining room. The staff member said, "Good morning [person's name], take a seat wherever you like, and I'll get you a nice cup of tea and some breakfast." The staff member continued to chat with the person in a very natural, easily flowing conversation." We saw many other examples where staff displayed great patience and understanding towards people, always being aware of their needs and limitations. People told us that staff respected their privacy and we saw that staff knocked on people's doors and waited for their response before entering their rooms.

People were supported to practice their faith and they told us about visits from a local church. One person said, "I like it when the church visits – we have a good time, and I like joining in with the old hymns I know." A member of staff said that the church visits take place every two weeks and went on to say, "People do genuinely enjoy it. They're [church people] very nice people who engage well with our residents." People's religious faith was respected and their cultural needs had been met.

People had been actively involved in making decisions about their care and support. They told us they made

everyday choices such as what they wanted to eat and drink, what they wanted to wear and where they wanted to be how they spent their time. One person said, "They [staff] always ask me what I want from clothing to food and how I want them to help me with personal care." Another person told us, "The staff are very good at listening to what I want help with and what I don't want help with." One relative stated in their survey questionnaire, "I have a very good relationship with staff and they always take account of my suggestions." The care files contained good information about people's likes, dislikes and preferences to enable staff to care for people in a way that they preferred.

People and their relatives told us that visitors were welcome at any time. One person said, "I look forward to my visits. They [visitors] can come anytime." Another person told us, "My family are always welcomed by staff." Visitors came at various times throughout our visit and said that they were happy about the visiting arrangements. Where people did not have family members to support them, they had access to advocacy services. There was advocacy contact details displayed on the noticeboard in the hallway. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

Is the service responsive?

Our findings

People and their relatives told us, and the records confirmed that they had received a full assessment of their needs prior to moving into Sweyne Court. Relatives said that together with their family member they had been fully involved in the assessment and care planning process. One relative told us, "The manager asked me to read and sign [person's name] care plan, which I did. The staff had put a special mattress in to help prevent my relative from developing more bedsores." The service used a computerised system for assessment and care planning and staff entered daily notes directly onto the computer system. There were several computer terminals around the service to enable staff to enter data. Staff said they favoured this system, as it was quicker and easier to record important information after completing tasks. The care plans identified people's preferences and care needs. There were risk assessments with management plans and Mental Capacity Assessments where required. They provided good information about the person's personal history, their likes and dislikes and how they liked to be cared for. For example, one person had an emotional care plan, which described the actions staff were to take to help the person to remain calm. There were detailed end of life plans describing individual's wishes for their end of life care. The care plans were regularly reviewed and updated to reflect people's changing needs.

Staff ensured that people were supported to continue with their interests and hobbies. We observed two staff members speaking with a person about their past work life as they knew the person had worked as a nurse. One of the staff members asked the person about their training and working conditions and then said to the person, "How would we measure up then? I am sure you were great at your job." The person was smiling and happy and clearly enjoyed the discussion about their past work life. People said they had plenty to do to keep them occupied and we saw that people had been playing a game on the first day of our visit. One person told us, "We had questions we had to answer about different subjects; I couldn't do them all but it was fun." Another person said, "I enjoy the music. It makes me feel happy and young again." We saw that some people were dancing to the music, others were tapping their feet or their hands on the arm of the chair and some people clapped to the music. On the first day of the inspection, an entertainer played the guitar and sang songs that everyone seemed to know. There was a very happy atmosphere with people and staff singing along with the entertainer. They sometimes changed the words to include people's names. Several staff and people using the service were dancing to the music. A relative stated in their survey questionnaire, "My relative loves the outdoor courtyard and enjoys the regular BBQ's and activities." This showed that people enjoyed a range of activities that suited their needs.

People told us about the registered manager's dog Miah who was in the service at the time of our inspection. We were repeatedly told that people loved to see Miah and that they were disappointed if she did not come to work with the registered manager. Miah was a very placid and good-natured dog and we saw the pleasure people got from stroking and talking to her. People were clearly supported to follow their own interests and hobbies as far as they were able to.

People said that staff asked for their views on a daily basis and we heard and saw this in practice. Staff continually checked with people that the service they provided matched people's needs. Relatives told us their views were also sought and one relative stated in their survey questionnaire, "I feel they [staff] also

respect my feelings. The staff are like another family to my relative and when I leave them I trust them with my relative's care and well-being."

People told us, and the records confirmed that they had participated in regular meetings where they had discussed activities, entertainment, meals and the general running of the service. The registered manager said they had set up meetings for relatives; however, they had not been well attended. They told us they worked later two days each week to allow relatives to speak with them in person. A visiting relative said, "It is difficult to get to meetings that are usually held in the day as we all work." The registered manager has since rescheduled the next relatives meeting for the evening in the hope that more people can attend.

People told us that the service provided them with suitable equipment such as hoists, walking aids and wheelchairs to support their mobility. We saw that the equipment was regularly checked to make sure that it was safe to use. We observed staff supporting a person to transfer into their wheelchair using a standing hoist. Throughout the process, the two staff supporting the person were friendly and helpful talking constantly to the person giving them reassurance and support. People told us, and we heard throughout our visits, that staff were quick to answer their call bells. They said that staff never rushed them and always responded quickly when they needed help. This showed that people received personalised care that was responsive to their individual needs

People told us they had no complaints and that they knew how to complain if they needed to. One person said, "I would soon tell the staff or the manager if I was unhappy and I'm sure they would sort it out." A visiting relative told us they had made a written complaint recently regarding various issues. They said, "These are being addressed gradually, the manager has been helpful – she told me I should have spoken to her about these things." There was a clear complaints policy, which described how any complaints or concerns were dealt with and in what timeframes. It included the contact details of CQC, the local authority and the Local Government Ombudsman. The complaints records showed that complaints had been responded to promptly, fully considered and resolved. The registered manager told us that the service discussed complaints with staff to enable them to learn from them and make improvements.

Is the service well-led?

Our findings

At our last inspection in June 2016 we found that the service was not consistently well-led. There were gaps in some care management records that could result in considerable impact on people's wellbeing. Therefore, the systems in place for monitoring the quality of the service were not effective.

At this inspection, we found that the service had made improvements to their quality monitoring systems. Guidance was now followed properly and risks were now identified and managed. People's capacity to make decisions had been fully assessed and documentation was in place to confirm this. The quality assurance checks now identified areas for improvement and action plans had been put in place where necessary.

There was a registered manager in post. People, their relatives and staff repeatedly told us the registered manager was approachable, available and responsive to their needs. One person said, "The manager is a very nice person who takes the time to speak with me." We saw during our visits that the registered manager was very visible throughout the service. We heard them speaking with people during our visits in a very friendly, natural manner. For example, they said to one person, "Good morning [person's name], how are you feeling? I think you look much better today." The person acknowledged that they did feel better and was very comfortable talking with the registered manager.

Staff said that they felt valued and they shared the registered manager's vision to provide people with good quality person centred care that was a 'home from home' and addressed all of people's needs. There were clear whistle blowing, safeguarding and complaints procedures in place, which staff were confident about implementing. Staff told us they were confident that the registered manager dealt with any concerns or issues quickly. One staff member told us, "I've worked here for several years, it's a good place to work...I've seen a lot of changes, ups and downs but its good now." Another staff member said, "The environment is better now and that is down to the manager. They always try to accommodate requests for things that need to be repaired or replaced." Staff told us that the registered manager had an open door policy where people, their relatives and staff could speak with them whenever they wanted to. People had confidence in them and told us that they were very approachable and responded positively to their requests. People described the staff and food in their survey questionnaires as, 'excellent'. One relative stated, "I would have no hesitation in recommending Sweyne Court."

People were actively involved in making decisions about how to improve the service. People, their relatives and staff had regular meetings where they could discuss any issues relating to the service. There was also a suggestion box outside the registered manager's office. One relative told us it was sometimes difficult to attend relative's meetings as they worked during the week and could not get time off work to attend in the day. As a result of this comment the registered manager re-scheduled the next relative's meeting for the evening so that more relatives were able to attend. People had ample opportunities to offer their views and opinions on improving the service.

There was an effective quality monitoring system in place. Regular survey questionnaires were sent to

people who use the service, their family and friends, and to interested professionals. The service had taken action to address any shortfalls identified in the surveys. The registered manager told us, and the records confirmed that they carried out surveys every six months. Regular audits had taken place such as for health and safety, medication, staffing and care plans. People told us that they were very happy with the quality of the service and several people described it as excellent.

Staff told us, and the records confirmed that regular staff meetings had taken place. A range of issues had been discussed such as safeguarding people, care practice, training, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards, and health and safety. Staff said they were fully involved in running the service and felt the registered manager listened to them. The records showed staff had good communication with each other. Handovers took place each shift to ensure that staff knew how to care for people safely. Staff and the registered manager told us that they discussed lessons learnt after incidents or complaints. The records confirmed these discussions and showed any actions required to prevent a re-occurrence. This showed that there was good teamwork and that staff were kept updated about changes to people's needs.

The service was signed up to the Gold Standards Framework (GSF). The GSF is a systematic, evidence-based approach to optimising care for people approaching the end of their life. GSF accredited care homes generally have improved communication and coordination with GP's and out of hours health services. This means that staff are trained to provide people with better end of life care. The service was also signed up for the PROSPER programme (Promoting safer provision of care for elderly residents). PROSPER is a programme where quality improvement teams work together with residential and nursing homes across Essex to reduce the number of falls, pressure ulcers and urinary tract infections (UTIs), not only improving system performance and professional development, but also changing behaviours and culture. The service closely monitored falls, pressure ulcers and UTIs, learnt lessons from the monitoring, and made changes to minimise the risks. This showed that the service strives to provide people with better quality safer care.

Personal paper records were stored safely in locked cupboards when not in use. Computerised records were password protected and all staff had access when needed. One staff member said, "Although the computer system is better the only thing I miss is that I used to take people's files in the room where people were sitting. I now have to go to the computer terminal, which means I cannot do this piece of work in the same room as the residents. I used to like sitting with residents when I was writing up notes." Another staff member told us, "I didn't like the computer system at first and it took a bit of time for me to get used to it but it's fine now. I can see the benefits as we write up our notes at the time." The registered manager had access to up to date information and shared this with staff to ensure that they had the knowledge to keep people safe and provide a good quality service.