Avery Homes Downend Limited

Avonmere Care Home

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

This inspection took place on 5 and 6 July 2018 and was unannounced. Avonmere Care Home is a 'care home', registered to provide accommodation and personal care for up to 76 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulate both the premises and the care provided, and both were looked at during this inspection.

Avonmere Care Home is a purpose-built home, designed to a very high specification both inside and outside. The home has four suites but only three were being used. At the time of our inspection there were 37 people living in the home. The memory care suites are on the first floor and there were passenger lifts to assist those with compromised mobility. Each of the suites have their own assisted bathrooms, sitting areas and dining rooms. All bedrooms were for single occupancy each with their own en-suite shower, toilet and wash hand basin facilities.

The service was first registered in August 2017, therefore this is their first inspection. There was a manager in post at the time of this inspection, their application to be the registered manager had already been submitted to CQC and their interview was booked for 24 July 2018. On 3 August 2018 this application had been approved. 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.

We found that all staff knew what to do if there were concerns about a person's welfare, had received safeguarding vulnerable adult training and would report their concerns to the management team. Safe recruitment procedures were in place to ensure only suitable staff were employed.

Any risks to people's health and welfare were identified and management plans put in place to reduce or eliminate the risk. Medicines were managed safely. The premises were well maintained with regular maintenance checks being completed. Checks were also made of the fire safety systems, the hot and cold-water temperatures and any equipment to make sure it was safe for staff and people to use. The premises were kept clean and tidy

People were looked after by sufficient numbers of care staff. The care team was supported by housekeeping, catering, activity and well-being staff. Staffing levels were adjusted as and when necessary. This could be because of new admissions to the home, a person being unwell and needing more support or because of activities planned to take place. People were safe because the staffing levels were sufficient.

People received an effective service. All staff were well-trained, supported and supervised. There was an induction training programme for new staff and a mandatory training programme all staff had to complete to remain competent in their role. This ensured the staff team had the necessary skills and knowledge to

care for people correctly. Care staff were encouraged to complete nationally recognised qualifications in health and social care.

People's capacity to make decisions was part of the care planning process. People were always asked to consent before receiving care. They were encouraged to make their own choices about aspects of their daily life. We found the service to be meeting the requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were provided with sufficient food and drink. They were offered meals and drinks that took account of their likes, dislikes and any specific dietary needs. Where people were at risk of losing weight, their body weight was monitored and provided with supplement drinks or fortified foods. Arrangements were made for people to see their GP and other healthcare professionals when they needed to.

People were provided with a caring service. The staff team ensured people were well looked after, treated them with respect and dignity. People were given the opportunity to take part in a range of different meaningful social activities. There were group activities, trips away from the home and individual activities arranged with people who preferred this.

The service was responsive to people's individual needs. Assessment and care planning arrangements meant people were provided with person-centred care. The service responded well to changes in people's care needs. People and relatives were asked to provide feedback about the service they received, were listened to, and actions taken where appropriate.

The service had a good leadership and management structure in place. The manager was an experienced manager in the care sector. The registered provider had a regular programme of audits in place which ensured that the quality and safety of the service was checked. These checks were completed on a daily, weekly or monthly basis.

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 is safe.

People were safe because staff had received safeguarding training. Recruitment procedures were robust and ensured only suitable staff were employed.

Any risks to people's health and welfare were well managed and the premises were well maintained, clean, tidy and safe. People's medicines were managed safely.

There were sufficient staff on duty at all times to ensure people's needs were met and they were safe.

Is the service effective?

Good

The service was effective.

Staff received the necessary training, supervision and support to be able to carry out their roles effectively.

People were provided with sufficient food and drink. They could make choices about what they ate and drank. They were assisted to see their GP and other healthcare professionals when they needed to.

The service was aware of the principles of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards and worked in accordance with this. People were asked to consent before staff helped them with tasks.

Is the service caring?

Good

The service was caring.

People were supported and looked after by staff who were kind and caring and treated them with respect and dignity.

People were encouraged to express their views and to be actively involved in making about their care.

Is the service responsive?

Good

The service was responsive.

People were provided with care and support that took account of their own specific needs. They were actively encouraged to being involved in making decisions about their care and their day to day life.

People felt that any concerns or complaints they had, would be listened to and acted upon.

Is the service well-led?

Good

The service is well led.

There was a good management structure in place to provide the staff team with good support and leadership.

There was a programme of checks and audits in place to ensure that the quality of the service was measured. Any events such as complaints, accidents, incidents or safeguarding issues were analysed to see if there were lessons to be learnt.

Avonmere Care 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 5 and 6 July 2018, was unannounced and undertaken by two inspectors 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.

Prior to the inspection we looked at the information we had received about the service in the last year and notifications that had been submitted by the service. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we spoke with 10 people who lived at Avonmere Care Home in depth and others who were less able to respond effectively. This was because they were living with dementia or cognitive impairment. We were able to speak with six relatives. We spent periods of time observing how people were spending their time and the interactions between them and the staff team. We did this to assess what the quality of care was for those people who could not describe this for themselves. This was because some people had a degree of cognitive impairment or were living with dementia.

We spoke with the manager, the deputy, 11 other members of staff (care staff, housekeeping and kitchen staff) and other senior managers from Avery Health Care who were working at the service at the time of the inspection.

We looked at six people's care files and other records relating to their care. We looked at six staff recruitment records, their supervision and training records. We also looked at key policies and procedures, checks and audits that had been completed to assess the quality and safety of the service and minutes of staff meetings.

During the inspection we were able to get feedback from one healthcare professional who was visiting the service. They told us about their views and experience of the care and support people received. Social care professionals who had dealings with the service prior to this inspection provided feedback as well. All their comments have been included in the main body of the report.

Good

Is the service safe?

Our findings

People and relatives, we spoke with at Avonmere Care Home said they felt safe living there or felt their family member was safe. People said, "Yes I feel safe, there is always someone around you", "I feel safe – there is not much that can go wrong is there?" and "I used to worry because I couldn't lock the door but the staff reassured me it was safe here". Relatives said, "She is absolutely safe here. She thanks me every time I come in for finding her such a nice place" and "She is safe and secure here".

All staff completed vulnerable adult training as part of the provider's mandatory training programme. Those we spoke with would report any concerns to the manager or the deputy. Information was displayed in the staff room telling them how they could report directly to the local authority, the Police and the Care Quality Commission. The manager had completed safeguarding for managers training with a previous employer and with a different local authority.

A set of risk assessments were completed for each person. These included the likelihood of pressure damage to skin and the likelihood of falls, risks of malnutrition or dehydration and moving and handling. Where people needed assistance, for example with bathing or using a wheelchair, a mobility plan was written. Any equipment needs and the number of care staff required were detailed in the plan.

Staff received safe moving and handling training and did not undertake any moving and handling tasks until they had been trained. At the time of this inspection people could either move about independently or used walking aids. We did not see any interactions between people and staff members where inappropriate moving and handling techniques were used.

There was a programme of checks of the premises in place, completed by the maintenance staff. These checks included all the fire safety equipment, hot and cold-water temperatures and equipment checks. The fire risk assessment had been reviewed and updated in May 2018 and fire drills were scheduled regularly. A personal emergency evacuation plan (a PEEP's) had been prepared for each person, setting out the amount of support the person would require in the event of a fire and the need to evacuate Avonmere Care Home. The kitchen staff had daily, weekly and monthly tasks to complete as well as cleaning schedules. Domestic staff had a cleaning schedules in place as well. These measures ensured people lived in a safe environment.

The service always ensures the staffing levels are safe and every person's care and support could be met. The number of staff on duty for each shift was based upon the number of people in residence, but took account of their individual level of care needs. Staffing levels were adjusted as and when necessary. There have been a number of occasions where staff have contacted the Care Quality Commission, raising concerns about low staffing levels, particularly at night times. These concerns had been discussed with the then management team and assurances given that sufficient care staff were on duty at all times. On the day of inspection there were 12 care staff on duty, as well as the manager and the deputy. The care team were supported by administrative staff, reception staff, catering staff and hosts, housekeeping, the maintenance staff and the activities and well-being team.

We asked people and relatives for their views on staffing levels. People said, "You sometimes have to wait a while", "Most times there are enough staff. Sometimes if they are short, they will use agency staff" and "The staffing at night is good". Relatives all commented that staffing levels were adequate both during the day and at night.

We checked the recruitment procedures to ensure these were safe. The measures in place ensured unsuitable staff were not employed. Pre-employment checks were undertaken and included a face to face interview and assessment, written references from previous employers and a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions which would prevent them from working with vulnerable people.

The management of medicines was safe. There were procedures in place for ordering, receiving, storing and disposing of medicines. People were able to keep responsibility for administering their own medicines if they were able to, or were assisted by staff who had received safe administration of medicines training. Their competence in safe practice was regularly reviewed and reassessed. Where people were prescribed medicines on an 'as and when' basis, protocols were in place. These set out what the medicine were for, the dose and how often it could be administered. All bottle containing liquid medicines and packets of tablets were marked with the day of opening, in line with good practice.

Avonmere Care Home was clean, tidy and fresh smelling throughout. People said, "It is very clean here", "It is spotlessly clean" and "Towels and bedding are changed every day. The staff are very efficient". Housekeeping staff had cleaning schedules to follow to maintain the cleanliness of the home. Each of the four suites had sluice rooms and these were also clean and tidy. Care staff received infection control training and had access to personal protective equipment (gloves, aprons and hand sanitising gels). Hand sanitising gel was placed in various places throughout the home. During the course of the inspection, on three separate occasions, we saw care staff walking in the corridors carrying used bedding or towels. We recommend the provider consider the provision of carrying baskets so care staff do not carry these items next to their uniforms.

Good

Is the service effective?

Our findings

People told us, "The staff are very good", "At night when you have had enough, you call them and they put you to bed" and "Yes, I think the staff are well trained, some better than others". Relatives said, Staff are all excellent", "They are brilliant and well trained" and "They suggested mum move up to the memory care unit as she was having difficulties. Much better now – the staff are more able and more understanding because they have had additional training".

People's care and support needs were assessed before moving to Avonmere Care Home. The assessments were comprehensive and ensured the service had the right equipment and staff with the right skills, to meet people's needs. Since the home had opened they had provided many people with short stay or respite placements. The manager told us the memory care unit would only consider looking after people with mild to moderate dementia and was not equipped to look after people with behavioural challenges.

People were looked after by staff who were well-trained, well supported and had the right qualities and skills. There was a continual programme of staff recruitment in place. Since the service opened in August 2017, there had been some staff turnover but this had settled, with a lot more team work now in place. All new staff to the service had an induction training programme to complete at the start of their employment. Care staff then completed the Care Certificate. The Care Certificate was introduced in April 2015 and covers a set of standards that social care and health workers must adhere to. When the provider completed the PIR prior to the inspection they had 40 members of staff who had completed the Care Certificate. Staff training records we looked at confirmed that care staff had completed the certificate, Care staff were then encouraged to complete diplomas in health and social care to further enhance their training.

The provider expected all staff to complete mandatory training. The management team provided us with details regarding the percentages of staff who had completed their training. The figures ranged from 82% up to 100%. Ninety-one percent of staff had completed dementia awareness training but 100% had completed introduction to Well-being. The programme also included infection control, fire safety, food safety, medicine administration, safeguarding adults and moving and handling.

All staff received regular supervision from a senior member of staff and those we spoke with confirmed this. A programme of annual appraisals for staff was just about to be introduced because the home had now been open for a year.

People were provided with sufficient food and drink. They told us, "I am keen on greens – I asked for more greens and chef listened. The food is good. I like a glass of wine with my meal", "I get enough to eat here and endless supplies of tea, coffee and juice – you have just got to ask" and "I choose to eat in my room – it is a bit embarrassing to eat in the dining room as I make a bit of a mess. Staff tell me not to worry but I prefer to stay in my room". Relatives were also very complimentary about the meals. They said, "The food is excellent. I have eaten here and it is just marvellous" and "The food is brilliant". A range of hot and cold drinks, and snack foods were also made available in the main reception area. People could help themselves or the hosts (waiting staff) were around to serve them.

Care staff find out what people like to eat and drink and the kitchen staff were informed. Specific requirements (diabetic diet or soft foods for example) were catered for and any dislikes or food allergies were taken account of. Body weights were checked each month, more often if a person was at risk of losing weight and not eating or drinking well.

People's health and nursing needs were met by the GP they were registered with and community based district nurses. The nurses currently visited the service to administer insulin, attend to wound care, give advice regarding skin care and general health and well-being and had on occasions delivered training sessions to the care staff. Where people were admitted to Avonmere Care Home for a temporary stay they were registered with a local GP if their own GP was out of the geographical area. District nurses told us people received effective care, they were always contacted appropriately but communication between themselves and the care team could be improved. The service was also supported by the mental health services and health care professionals such as physiotherapists, occupational therapists, foot care specialists and opticians.

Avonmere Care Home is a brand-new purpose built care facility, furbished in hotel-style. The furnishings throughout the home, communal areas and private bedrooms are of a high standard. Many of the ground floor bedrooms open out on to landscaped patio. Each bedroom has a three-quarter bed for single occupancy plus there is a choice of twin beds or doubles for couples. There are en-suite shower facilities and flat screen TVs in all bedrooms. People were encouraged to personalise their bedrooms with small items.

The whole home was beautifully and tastefully decorated and furnished with the same styles throughout. As part of the Avery Healthcare dementia strategy they were continuing to review the dementia care suites, but wanting to retain the 'hotel standard', have a homely environment that was supportive to each person with cognitive impairment. Their strategy focused on the need for consistent lighting, clear contrasts between walls, flooring and woodwork and the right balance of signage. The Provider was currently trialling different types of signage to see which were the most helpful to people with dementia. They wanted to achieve the right balance and not have an over-abundance of different signs to help people navigate their surroundings.

Of the 37 people who were in residence at the time of the inspection, 14 of them had a diagnosis of dementia. Despite this, people were encouraged and supported to make decisions about their day to day life and say how they wanted to be looked after. Mental capacity assessments were recorded in the person's care file. Staff were aware of the need to ask for people's consent and we heard them offering people choices and asking for permission to assist them.

The management team had already identified the need for greater depth of understanding of the Mental Capacity Act 2005 (MCA), the Deprivation of Liberty Safeguards (DoLS) legislation and recording of best interest decisions. Improvements had already been implemented. They shared examples of best interest recordings that had already been completed in respect of people living with dementia. For one person there was a difference in their long standing cultural believes and choices they now wanted to make. The examples shared were positive examples, demonstrating understanding of the legislation. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lacked the capacity to consent to treatment or care.

At the time of the inspection DoLS authorisations were in place for three people. This was because those people lacked the capacity to make the decision they needed to live in Avonmere Care Home for the care

and support they needed. A number of other DoLS applications had been submitted to South Gloucestershire Council and were awaiting processing. We found that the service was working within the principles of the MCA and applying for DoLS appropriately.

Good

Is the service caring?

Our findings

On the whole people received a service that was caring. Each person looked well cared for with clean clothes, hair and fingernails. They were all smartly and appropriately dressed. Hearing aids, spectacles, watches and jewellery were all being worn. Many ladies had their handbags with them. People said, "Some staff are better than others, but usually they are pretty good on the whole", "The staff are interested in us. I cannot fault it", "The staff are lovely and kind to me – I get my hair done and my nails" and "The hairdresser is very kind and obliging. She looks after me when I have my hair washed". Those people we spoke with confirmed they were treated with dignity and respect However two or three people said some staff could be off-hand, most were helpful, but some were "bossy".

Relatives were complimentary about the facilities at Avonmere Care Home and the caring way in which their family member was looked after. They said, "It is a real home from home here. It is a real relief for us. They look after her needs", "The last holiday we had was the best for years. We were confident (named person) was in safe hands while we were away" and "All the staff are friendly and make you welcome- they can't do enough for you". One relative did raise concerns with us about how their family had been treated and we passed this information to the management team to address.

The management team had maintained a log of complimentary letters and cards the service received. This is a sample of the comments made about Avonmere Care Home: "Prior to dad having a respite stay we came to lunch. It was delightful and dad really enjoyed it", "Every member of staff we came across acknowledged us with a smile", "Mum had a lovely stay with you and was sorry to go home" and "We were delighted with the care and dedication from the staff". One relative had written, "Thank you for the care and kindness you showed to (named person). Your staff are a credit – from management to the cleaning staff. We have been shown great respect".

We observed staff being polite and professional towards one another. All staff interacted with people and visitors to the home in a friendly, caring and compassionate manner. Staff used people's first names and knew the people they were looking after well. As part of people's care plans, their individual preferences and choices were recorded. Reception staff welcomed visitors to the home and offered refreshments. There was a relaxed calm atmosphere throughout the home.

The staff were very attentive and we observed they made eye contact with the person they were speaking with. Calls from all rooms throughout Avonmere Care Home were visible on the alarm monitors. We were told that staff would go to other areas of the building other than where they were working to answer the calls if the alarm persisted. During our visit there were few alarms heard and these were answered quickly and efficiently. Some people had personal pendant alarms with them, worn around their necks. We asked people about call bell response times and they made the following comments. "I have this (personal pendant alarm) and they come quickly" and "I try not to ring the bell too often- I try and wait until someone turns up". One person said they had to wait for "ages" after they had used their call bell before assistance arrived. We were advised it was the aim of the service that all call bells would be answered between two and five minutes. The response times to call bells was continually monitored.

People were encouraged to express their views and to be actively involved in making about their care. People were asked to share their life histories to help the staff understand them as individuals. Life story boards were in the process of being implemented. For people with memory problems or living with dementia, where it was difficult for staff members to know how to start a conversation, these boards could provide important details about a person's life. They could be used to help staff engage with people about things other than the day-to-day goings on in the care home.

Good

Is the service responsive?

Our findings

People and relatives were very complimentary about the service they received at Avonmere Care Home and from the comments made it was evident people were cared for as individuals with their own set of needs and preferences.

Each person had a care plan that accurately reflected their care and support needs. The plans were person centred and evidenced the person had been involved in making decisions about their care and support. The plans were reviewed on a monthly basis and where changes in the person's care and support needs occurred, the plans were amended. The person's ability to make decisions was recorded in their 'resident's choices and preferences' plan and formed the basis for the mental capacity assessment.

Daily progress notes were written by the care staff. Those were looked at provided an account of the care delivered to the person. Other care records included food and drink charts, topical ointment and cream charts and body maps.

There was a full weekly social activity programme and this was prominently displayed in all the communal areas. The programme was led by members of the activity and well-being team. Staff reminded and encouraged people, asking them if they wished to participate just before the event was due to take place. We observed people taking an active interest in what was going on. Sessions were held throughout the home, including outside in the gardens. People were assisted to move between the two floors as necessary. On the first day of inspection the activities on offer were a 'Mind Workout' in the morning, a 'Get Active' session in the afternoon and 'Curling with Andrew' in the early evening.

We observed the 'Mind Workout' session. Eight people attended, were greeted by their first name, made to feel welcome and then made comfortable in the room. The session began with a quiz and everyone participated. People appeared to be enjoying themselves and the staff supported those who were finding it difficult. After the quiz there were puzzles and Sudokuko. The interactions were good between the eight people and the staff.

As well as group activities, the activities and well-being team spent time with people on a one-to-one basis. The service had a 'resident of the day' scheme in place and they used this day to "make them feel special" and do something with them that was important. The staff also popped into peoples' bedrooms for a chat as often as they could.

The feedback we received from people in respect of the activities on offer were overwhelmingly positive. They said, "I've been encouraged to do yoga classes since I've been here. The activity staff come in for chats but care staff not so much", "We go on outings, but sadly the last one was cancelled as the weather was too hot. We were supposed to go to Weston but they brought the beach to us instead", "There are always lots of interesting things to do. You are not pressurized. I've made lots of friends here" and "I like the activities - my favourites are the sing-songs and art. They are very obliging and will always find something for you to do. We have cocktail parties both upstairs and down". Relatives were also complimentary. They said, "She joins in

with everything!" and "They had a 93rd birthday party here for the family. The chef took the orders and the quality and presentation was marvellous".

People were encouraged to have a say about life at Avonmere Care Home and raise any concerns they had. They said the staff team listened to them but they had not needed to raise any complaints. A copy of the complaints procedure was posted in the main reception area but also included in the home's brochure.

The service would not admit someone in under their care who was at the end of their life and actively dying. The service would however continue to look after people whose health had deteriorated and they required palliative or end of life care, provided they were supported by the GP, district nurses and the family. The service would work in collaboration them and other health and social care professionals. Where people had made decisions not to be resuscitated in the event of a cardiac arrest, the appropriate documentation (a DNACPR form) was in place, apart from one case. The service must ensure the form is signed or countersigned by the medical person responsible for overseeing their care. Where people had given family members of friends, lasting power of attorney, the service kept a copy of the document as evidence. These were kept in the administrator's office, not with other care documentation.

Good

Is the service well-led?

Our findings

People were overwhelmingly positive about Avonmere Care Home and felt the service was well-led. They were aware who the new manager was. One person had said, "The new manager has introduced herself to us all individually". Another said, "I've met all the (management) team. They make themselves known and introduce themselves to you". One relative told us, "I would give Avonmere 10/10 for everything".

There was a good management structure in place and the manager had applied to the CQC for registration. The manager led the care team and was supported by a deputy, suite managers and team leaders, senior care staff and care assistants. In addition, there was support from operational and regional managers.

The new manager, who had just completed their four-week corporate induction programme said their main focus was to get to know each of the people well and also to get to know the staff. The manager had previously worked as a manager in other care homes, therefore was experienced in the care sector.

The manager had held a meet-and-greet' meeting for 'residents and relatives' in June 2018 but it had not been well attended. The plan was for these meetings to be held every three months, the dates of these were already displayed in a note at the reception desk. These were evening meetings however, the manager explained that maybe other times of the day, or at weekends, would be explored. People told us there were given an Avery Healthcare monthly newsletter which "was very interesting". Avonmere Care Home had a Facebook page - relatives told us they found this useful and interesting to follow. This was mainly used to show the activities that people had taken part in. A media permission form had been signed by people before any photographs of them would appear on the Facebook page.

Staff meetings were held on a regular basis. There was a range of different meeting held with all staff, day staff, night staff, the catering team, housekeeping, the activities and well-being team and receptionist. A meeting with the catering staff was already scheduled for the week after the inspection. Each day there was a "10@10" meeting and these were attended by heads of each department. In these meetings, the staff were informed about things that were taking place that day, who the 'resident of the day' was and any other important information that needed passing on to all staff.

In May 2018, the provider had undertaken a service user questionnaire. Thirty-two forms were sent out but only 11 (34%) completed. People were asked to give their views about the whole service, their surroundings, the 'hotel' service, daily routines and the care they were provided with. Responses were generally in the good, very good and excellent bracket, but there was a couple of 'fair' scorings. As a result of the survey, an action plan had been drawn up. Comments regarding portion sizes for meals, plainer cooking and timings of meals had been addressed.

We observed there were "Review us" postal questionnaires on display for people to fill in and return to carehome.co.uk review website. From seven reviews that had been posted at the time of the inspection, the service had scored 9.1 (out of 10).

The service had received seven complaints since the home opened in August 2017. The records evidenced that each had been investigated thoroughly and the complainant had received an outcome letter. Any complaints were reported to head office by their datix reporting system and followed up by regional managers. Learning from any complaints was identified because any themes were looked for. This meant the service could take action to reduce or prevent things happening again.

The service had processes in place to audit and monitor the service. Audits were undertaken in respect of the premises and health & safety, medicines, care documentation, accidents, incidents, safeguarding and complaints. Home visit reports were completed by the regional support managers on a monthly basis. Actions resulted from these visits were then followed up to ensure action had been taken.

The manager attended regional meetings with other registered managers from Avery Health Care services. This enabled the manager to follow best practice and to share feedback from local authority quality visits and CQC inspections.

The registered manager was aware of their responsibilities regarding notifications which needed to be made to the Care Quality Commission. A notification is information about important events that have happened in the home and which the service is required by law to tell us about.

Copies of the provider's policies and procedures were kept in the manager's office, each care centre in the four suites and the staff room. When changes were made to any policy, copies were printed out and placed in the various folders and staff were informed in team meetings or at handover reports between shifts.