Willover Property Limited

# Abbeydale - Derby

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

Abbeydale House provides personal care and accommodation for up to 41 people. On the day of the inspection the registered manager informed us that 26 people were living at the home. The service accommodates older people with a range of needs including people with nursing needs and people living with dementia.

This inspection took place on 20 and 22 April 2016. The inspection was unannounced and was carried out by one inspector.

A registered manager was in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run. The registered manager responsible for nursing was managing the service at the time of the inspection.

People using the service and the relatives we spoke with said they thought the home was safe. Staff had been trained in safeguarding (protecting people from abuse) and understood their responsibilities in this area.

People's risk assessments provided staff with information of how to support people safely.

People using the service relatives told us they thought medicines were given safely and on time. Some improvements were needed to the way medicines were recorded to evidence that medicines were always properly supplied to people.

Staff were subject to checks to ensure they were appropriate to work with the people living in the service.

Staff had been trained to ensure they had the skills and knowledge to meet people's needs.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) to allow, as much as possible, people to have an effective choice about how they lived their lives, and the service had obtained legal approval for limiting people's choices when necessary for their best interests.

People had plenty to eat and drink, everyone told us they liked the food served to them and people were assisted to eat when they needed help.

People's health care needs had been protected by referral to health care professionals when necessary.

People and relatives we spoke with told us they liked the staff and got on well with them, and we saw many

examples of staff working with people in a friendly and caring way.

People and their representatives were involved in making decisions about their care, treatment and support.

Care plans were individual to the people using the service and covered their health and social care needs.

There were sufficient numbers of staff to ensure that people's needs were responded to in good time.

Activities were organised to provide stimulation for people.

People, their relatives, staff and professionals were satisfied with how the home was run by the registered managers.
People and relatives told us they would tell staff if they had any concerns and were confident they would be properly followed up.

Management carried out audits and checks to ensure the home was running properly to meet people's needs and staff were expected to treat people with dignity and respect their human rights.

## 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 told us said that they felt safe living in the service. People had risk assessments in place to protect their safety. Staff recruitment checks were in place to protect people from unsuitable staff. Staff knew how to report any suspected abuse to their management, and staff knew how to contact safeguarding agencies if abuse occurred. Medicines had been supplied to people as prescribed.

### Is the service effective?

Good

The service was effective.

Staff were trained and supported to enable them to meet people's needs. People's consent to care and treatment was sought in line with legislation and guidance.
People had plenty to eat and drink and told us they liked the food served. There was effective collaboration and referral to health services.

### Is the service caring?

Good

The service was caring.

People, their relatives, and an outside professional told us that staff were friendly and caring. We observed this to be the case in all the interactions we saw. Staff protected people's rights to dignity and privacy. People and their relatives had been involved in planning care and decision-making.

### Is the service responsive?

Good

The service was responsive.

Care plans contained information for staff on how to respond to people's needs. Care had been provided to respond to people's needs. Activities based on people's preferences and choices were generally available to them. People and their relatives told us that management listened to and acted on their comments and concerns.

Staff had contacted medical services when people needed support.

## Is the service well-led?

Good

This service was well led.

People and their relatives told us that management listened to and acted on their comments and concerns. Staff told us the management team provided good support to them and had a clear vision of how friendly individual care was to be provided to meet people's needs. Systems had been audited in order to provide a quality service.

# Abbeydale - Derby

**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 20 and 22 April 2016. The inspection was unannounced and was carried out by one inspector. At our last inspection on 2 March 2015, we said that the provider needed to improve care for people who lived in the home. The provider sent us a report on 16 March 2015 explaining the actions they would take to improve. At this inspection, we found the necessary improvements had been made.

The provider had 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 reviewed the information in the PIR. The registered manager set out how the service was safe, effective, caring, responsive and well led.

We looked at the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that the provider must tell us about.

We contacted a commissioner for health and social care, responsible for funding some of the people who used the service and asked them for their views about the service. There were no concerns expressed.

During the inspection we spoke with five people who used the service, five friends and relatives of people, the registered manager, and four staff members.

We also looked in detail at the care and support provided to three people who used the service, including their care records, audits on the running of the service, staff training, staff recruitment records and complaints records.

Good

# Is the service safe?

## Our findings

People we spoke with, and their relatives, told us they were safe living in the home. One person said, "Yes, there is no problem with my safety."

A relative told us, "The care they give to my husband is brilliant. I have no worries about him when he is here." Another relative said, "There are no concerns about safety at all."

Staff were able to tell us how they kept people safe. For example, by having bedrails in place so that people could not fall out of bed. Also, having sensor mats in place so that people assessed at risk of falling, when they got out of bed staff would be alerted and could check that they were safe. We also saw a system in place of 'safe and seen' checks for people which meant that people who were assessed as being at risk would have hourly checks by staff to make sure they were well.

We saw that people's care and support had been planned and delivered in a way that ensured their safety and welfare. Care records contained individual risk assessments completed and regularly reviewed for risks, including falls, manual handling, problems with swallowing, and the risk of developing pressure ulcers. The staff we spoke with were aware of their responsibility to report any changes and act upon them.

For example, one person was assessed as being at risk of developing a pressure sore. The risk assessment included relevant information such as the provision of a specialist mattress and the need to protect the person's skin by the application of barrier cream. There was also information about the need to regularly reposition the person in bed. We looked at records and these indicated this had usually been carried out. The person was assessed as needing repositioning every two hours. From records we saw, this frequency of repositioning had not always been in place. The registered manager thought this was a problem with staff recording rather than not carrying out this care. By the time of the second day of the inspection, a new form had been devised. This showed the person had regular checks in line with their assessed needs.

There was information in a person's care plan that they needed to be assisted to eat soft foods in an upright position to ensure they were protected against the risk of choking. This showed that information was available to staff to keep people safe. We observed staff following these safety issues.

During the visit we saw no environmental hazards to put people's safety at risk from, for example, tripping and falling. Health and safety audit checks showed that water temperatures had been checked, there was regular servicing of equipment such as hoists and fire records showed that there was a regular testing of equipment and fire alarms. Staff told us that if there were problems with equipment or facilities then they were quickly seen to, as maintenance people are employed to attend to these issues. The only safety issue we observed to be of concern was that the conservatory became very hot on a sunny day. The registered manager stated that the provider was in the process of installing specialist covering to windows to reduce temperature levels. This will then protect people from dehydration and sunburn.

Regular fire training was provided to staff. A nurse told us that fire drills had also been carried out at the

same time though these had not been recorded. The registered manager said these would be recorded in the future to show that staff had received drills and were aware of what to do in case of fire to keep people safe. The registered manager swiftly supplied us with evidence that a fire drill was carried out and recorded just after the inspection.

Staff were aware of how to keep people safe. For example, to ensure that there were no obstacles in the way of people's mobility and to make sure that people were not rushed when personal care was supplied. There were systems in place to keep people safe such as alarms on windows and exits.

Staff recruitment practices were in place. Staff records showed that before new members of staff were allowed to start, checks had been made with previous employers and with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and ensure that staff employed were of good character. This showed that the necessary documentation for staff was in place to demonstrate staff were safe to supply personal care to people.

Staff told us they believed there were sufficient staff on duty to ensure people were safe. They said staff were always present in communal rooms to ensure people's safety. People and their relatives also told us that staffing levels were sufficient to keep them safe. We asked two people in their bedrooms what happened when they needed help and they pressed their bells to summon staff. They said staff came to help them very quickly. We tested a call bell and staff quickly responded within two minutes. This indicated that care was available to keep people safe.

A procedure was in place which indicated that when a safeguarding incident occurred, management staff were directed to take appropriate action. Referrals would be made to the local authority and other relevant agencies with CQC being notified, as legally required. This meant that other professionals outside the home were alerted if there were concerns about people's well-being, and the registered manager and provider did not deal with them on their own. We saw a recent incident where the registered manager had cooperated with the local safeguarding team with regard to a safeguarding incident.

We spoke with staff about protecting people from abuse. Staff knew how to recognise the signs of possible abuse and their responsibility to report it. One staff member said, "We have received training on reporting abuse and I know how to contact other agencies if nothing was done about it here."

The provider's safeguarding (protecting people from abuse) policy properly set out the roles of the local authority in safeguarding investigations and for the need for any instances of abuse to be reported to them so that people's safety could be protected.

People told us they had received their medicines at the time they were supposed to get it. Relatives told us as far as they were aware, there had been no problems with their relatives receiving medicines from staff.

A system was in place to ensure medicines were safely managed in the home. Medicines were kept securely and only administered by nursing staff, who had been trained to do this safely.

We looked at the medication administration records for people using the service. These showed that medicines had largely been given and staff had signed to confirm this. The registered manager said she would follow up a small number of entries on medicine recording sheets where it had been recorded that medicines had been omitted but there was no record in place as to why they had been omitted.

We did not see any protocols for PRN (as needed) medicines. The registered manager said this would be

discussed with the GP to agree when such medicines should be supplied to people. This will mean that there is consistency of supplying the medicine to the person and their safety is further ensured.

We observed some people being given their medicines. This was carried out properly and people were given fluids in order to be able to take their medicines more comfortably.

There were regular medicine audits undertaken so that any errors could be quickly identified. Temperature checks for medicine room temperatures and fridge holding medication had been carried out. These were in line with required temperatures to make sure the effectiveness of medication was safely protected. This ensured that medicines were not exposed to heat which can result in them not working safely and effectively as they should.

Good

# Is the service effective?

## Our findings

The people we spoke with said they received the care and support they needed. A person told us, "Yes, I am satisfied with all they do for me." A relative told us, "Fantastic service from the staff. I have never needed to question that they know how to give my husband really good care." Another relative told us, "Staff are well trained and they are always friendly and helpful."

Staff said that the training they had received had been effective in giving them the right skills and knowledge to enable them to support people appropriately. One member of staff said, "We get lots of training. If we need any more we can tell the office and they arrange it for us."

A newly appointed member of staff said she had received a thorough induction and was supervised by a senior care worker who provided good guidance on how to supply personal care to people. A nurse told us that new staff undergoing induction were extra to the normal staffing levels, which meant staffing levels by experienced staff who were fully aware of people's needs were still maintained. Staff told us there were always opportunities to discuss their training needs with a senior person to make sure they provided effective support to people.

The staff training matrix showed that staff had training in essential issues areas such as dementia, diabetes, stroke, continence, medicines administration, skin care, protecting people from abuse, moving and handling techniques, protecting people from hazardous substances, the Mental Capacity Act, health and safety, end of life care, infection control and fire procedures. We saw evidence that other training had been arranged for the near future including the prevention of falls and nursing procedures. If new staff do not have a nationally recognised qualification they will be expected to complete the care certificate induction training, which covers essential personal care issues and is nationally recognised as providing comprehensive training.

We saw that staff had received training to be aware of their responsibilities in relation to the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were being followed. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS ).

At this inspection we found evidence of comprehensive mental capacity assessments for individuals and best interest assessments. Where people were unable to make decisions themselves, the correct procedure had been followed to protect their rights under the Act. There was a form in place for assessing people's mental capacity. Deprivation of liberty (DoLS), applications had been made with proper authorisations granted to enable staff to take decisions in people's best interests.

We observed that staff talked with people they supported them and put them at ease and asked for their consent before supplying personal care. One staff member told us, "We ask permission and explain to the person what we are going to be doing and why." This told us that staff understood they needed to seek people's consent when they provided care to them.

All the people we spoke with said they saw the food they received was tasty. One person said, "Food is good. We get a choice." A relative told us, "Food is fantastic. It could not be better." A staff member told us that the food was freshly cooked and there were always freshly baked cakes.

We saw information in residents meeting minutes which indicated that people were asked about their favourite foods so that the menu could be planned around these choices. We saw that there was a choice of main meals. We saw that there was a choice of eight desserts which could accommodate the needs of people with diabetes. The cook said diabetic jams and marmalades were usually available but they had run out and would have to order more.

People with swallowing difficulties were supplied with soft and pureed food and thickened drinks. The food served appeared of sufficient portion size and was nutritious. We observed people eating in dining areas. Staff encouraged people to eat. We observed one person with nutritional needs receiving assistance with eating. This was carried out carefully and the person had time to digest food without being rushed. Everyone said that drinks were available at any time. We saw that drinks were served frequently and staff encouraged people to drink. This prevented people suffering from dehydration.

Staff recorded fluid and food intakes where needed, so that effective care could be provided if this had been assessed as an issue. The cook had a good understanding of the nutritional needs of people and their individual likes and dislikes. We saw the evidence that people were weighed regularly to ensure they had an adequate diet.

These were examples of effective care being provided to ensure that people's nutritional needs were promoted.

Staff told us that the GP would be called if a person was not feeling well. Records confirmed people were supported to access other health and social care services, such as GPs, dentists, opticians and chiropodists. This enabled them to receive the care necessary for them to maintain their health and wellbeing. There was evidence of involvement of various professionals in people's care records.

We spoke with a community nurse about the standard of health care at Abbeydale House. The community nurse stated that staff were quick to refer people to health care professionals and they effectively carried out any identified tasks to maintain people's health care needs.

We looked at accident records. We found that where people had potentially serious injuries, such as following falls, staff had alerted the emergency services and people had been taken to hospital for treatment.

These issues showed people were provided with an effective service to meet their health needs.

Good

# Is the service caring?

## Our findings

People using the service that we spoke with were positive about the staff. One person said, "Staff are good." Another person commented, "There is no criticism of the staff. They are friendly and helpful."

Relatives and friends of people living in the home we spoke with also said that staff were always friendly and caring. Two relatives in particular stressed how helpful, friendly and caring staff had been towards their relatives. One relative said that staff had organised a birthday party for his relative and he was very grateful for this care and consideration shown by staff members. An external health professional said that she always observed that staff were friendly and caring to people living in the home.
One relative told us, "I was worried at first because you don't know what to expect. However, everyone is so friendly and the staff could not be better." A staff member said, "A bit of loving care is what is needed for people. "

We saw a large number of positive interactions between staff and people living in the home. For example, staff assisting were aware of people's needs and complied with their pace without trying to hurry them. People were able to complete their meal in a stress-free and unhurried manner, whilst still being able to retain their dignity. Staff always greeted people in a friendly way when they came down from their rooms to have their breakfast. A person was given the choice of which chair to sit in when taken into a communal room. Staff helpfully and in a friendly manner asked a person where he wanted to go when he stood up from his chair. Activities staff chatted with people, joked with them and encouraged them in the activity provided.

We saw an information pack available to people and their relatives regarding independent advocates who could help people if they needed support. Advocacy is about enabling people who have difficulty speaking out to speak up and make their own, informed, independent choices about decisions that affect their lives.

The philosophy of care at Abbeydale House was set out in the literature of the service. This emphasised respect for people, encouraging independence, respecting privacy and for people to achieve their full potential in terms of how they wanted to live their lives. This orientated staff to provide a caring service.

Staff told us that they respected people's privacy and dignity. They said they always knocked on people's doors before entering their bedroom.  One staff member told us, "We are a good team. We all know that we need to provide quality care to people so that they can be happy." Staff described how they would preserve people's dignity and during personal care by covering any exposed areas with towels.

The conversations we heard between people and staff were polite and caring.
Throughout our inspection we noted the staff we spoke with demonstrated an awareness of the likes, dislikes and care needs of the people who used the service. For example, activities staff were aware of people's favourite singers.

A person's care plan we saw recorded their preferred time of waking. Two people we spoke with confirmed that they could stay in bed and sleep if they chose to. A staff member described a person who sometimes

liked to stay in bed and staff respected this choice. Staff said people could choose what clothes they wanted to wear. Staff demonstrated an awareness of people's preferences. For example, a staff member told us that a person liked to keep her hair in a 1960s fashion and this choice was carried out by staff.

A relative told us, "I have been able to take part in setting up the care plan." Another relative said, "I have been invited to reviews. I am fully satisfied with the care in the care plan." We also found evidence in people's care plans that either they or their representative had been involved in setting up the care plan.

All these issues showed that staff presented as caring and friendly to people and respected their rights.

Good

# Is the service responsive?

## Our findings

At our inspection on 2 March 2015 we found that the provider did not have comprehensive care plans in place to help staff supply care relevant to people's individual needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider swiftly sent us an action plan outlining how they would make improvements. At this inspection we found that required improvements had been made.

People told us that staff looked after their care and health needs. A person told us that the staff understood her and what her needs were. She said, "They know how to deal with me and I am grateful for all the help I get."

We observed a staff member asking a person coming into the dining room what they wanted for breakfast. Another person was asked whether she wanted another drink. This showed that staff were responding to people's needs.

A staff member told us, "Care plans are good and are updated when needs change. There is lots of information to read on people so we get to know them as individuals." We looked at care plans for four people using the service. People's needs had been assessed prior to them moving to the service. The information gained from these assessments was used to develop care plans to aim to ensure that people received the care and support they needed. When we spoke with staff about people's needs, they were familiar with them and they were able to provide information about people's likes and dislikes. In the activities folder there was a file called, "This is me," which detailed important information about people such as "what is important to me, "anything that upsets me, "my religious and spiritual needs, and "social and family history of the person." This meant staff had the opportunity to be aware of people's individual needs, preferences and history so they could supply person centred care to them.

Care plans were in place and were reviewed at least every month. For example, we saw that there was information in place as to how to assist people to move from one place to another by means of a hoist. There was information as to how to help a person reposition themselves in bed by tilting a specialist bed to protect the person from spinal injury. Another care plan set out how to assist a person with eating so that they were protected from choking risks. This showed that care plans were in place to respond to people's needs.

Staff told us that the registered manager had asked them to read care plans and there was a sheet at the front of care plans for staff to sign to indicate they had read them, so that management staff could check this to ensure that staff had read this information and were aware of how to respond to people's individual needs.

Staff and relatives told us there were sufficient staff on duty to respond to people's needs. This told us that

people's care needs were met within good time and they did not have to wait for an extended time to receive care responding to their needs.

Relatives told us they were able to visit regularly and were always warmly welcomed by staff. This showed that people were supported to maintain contact with people who were important to them.

A person told us, "We have activities every day. That is enough for me." A relative told us, "Activities are good and there are outings for those that want to go on them." Activity information was displayed near the dining room. This included a variety of different activities such as arts and crafts, keep fit, a beauty club, a games club, baking, a quiz club and music. We saw that there was information on people's individual activities. This showed what type of activities they had taken part in. We saw that there were two activities each weekday. If people stayed in their rooms then activity workers saw them at least once a week. The registered manager said she would review this frequency so that people in their rooms had the opportunity to have more stimulation. There was also a process in place called "Brighten my Day". This encouraged staff to pop in to people's rooms and say hello and chat to them. This provided stimulation for people to try to ensure they were not lonely and bored.

We saw two activities workers engaging with people in a reminiscence session. They showed people photographs of show business and music stars of the past. When people guessed who they were, music from that music star was then played. Photographs of holiday resorts from the past were also passed round. This produced discussion and interest for people and responded to people's needs for stimulation.

When we went into a person's bedroom to observe a person being assisted with their nutritional needs, we found that age appropriate music was not played on the radio. The staff member agreed this was not music that the person would have chosen for herself enjoyed and went to get a CD of music she did like. The registered manager said she would remind staff to put on music that people themselves would choose.

People we spoke with and their relatives said they had never had to make a complaint. A relative told us, "If I needed to, I would go to the office. I feel confident it would be sorted out." All the relatives we spoke with told us they felt confident that they could approach management staff and issues would be dealt with. One relative told us that when she raised some minor issues, these were attended to quickly. Another relative said, "There has been no need to complain about anything. I would be surprised if there was."

We looked at the complaints book which contained a number of complaints. This information also included expressions of dissatisfaction so that action could be taken on these issues even though a formal complaint had not been made. Proper investigations had been carried out and action was taken to follow issues up, with apologies as needed. This meant that any issues of concern to people or their representatives were properly considered and responded to.

The provider's complaints procedure set out the role of the local authority in undertaking complaints investigations if the person was not satisfied with the action taken by the provider. This meant another agency was identified that could further respond to the complaint.

We looked at care records which showed that medical agencies had been appropriately referred to when needed. A health professional told us that staff acted appropriately to refer people for treatment when the need arose.

We saw records of accidents. We found staff had referred people to medical services when they had a potentially serious accident. Staff told us that they were able to alert management staff to medical concerns

and they said that these issues were always properly followed up. People's needs had therefore been responded to.

Good

# Is the service well-led?

## Our findings

People who lived in the home and their relatives knew who the registered manager was and thought the home was run well. A relative told us she would have no anxiety about approaching the registered manager if she needed to and she felt sure she would get a positive response. Another relative said, "If there is any problem they will find a solution straightaway." One person told us, "I get all the attention I need. They are always checking that you are okay." A staff member told us, "This is a well-run home. Staff care about people. It is so much better than my previous job in care."

Staff told us they could approach the management team about any concerns they had. One staff said, "The office door is always open and I get any support I need." Another staff member said, "Yes, I do feel supported and valued as a staff member. They were very open about support that was available when I started work in the home."

Staff members we spoke with told us that the management team led by example and always expected people to be treated with dignity and respect in line with the philosophy of the home. They told us they would recommend the home to relatives and friends because they thought the home was well run and the interests of people living at Abbeydale were always put first.

There was an information file available to people and relatives called "This is me" which gave people information about the background of staff members including their hobbies and interests, their previous work and qualifications and what made them laugh. This was designed to show people that staff did not only perform work tasks and that were individuals themselves. This type of initiative helps to reassure people and their relatives that the service provides a homely and friendly environment. We also saw a comments book for visitors so that their views could be taken into account. There were no negative views expressed in this book about care, only positive.

We saw that the registered manager had cooperated with the local authority regarding an incident involving a staff member and a person living in the home. We saw that appropriate action had been taken to ensure that people's dignity was protected.

We saw that residents meetings had taken place. Relatives told us that the home management responded to any suggestions and acted on them. We saw that relevant issues will discussed in the meetings such as gaining people's views of the service such as about activities, food, staff training and facilities. Relatives also told us that they could attend these meetings to put forward their views. This meant people and their relatives were consulted about how well led the home was and they were included in the running of the home.

Staff said that essential information about people's needs had always been communicated to them by way of daily handovers so that they could provide appropriate care that met people's needs. These are examples of a well led service.

Staff were supported through individual supervision, appraisals and staff meetings.
There were various meetings organised dependent on what work staff carried out. For example, there were senior carers meetings, carers meetings, night carers meetings and activity organiser meetings. They all contained relevant issues for the proper running of the home. This included discussing the role of key workers in promoting people's welfare, safety testing of appliances and facilities, teamwork and promoting people's health such as having a link nurse role for continence care.

Staff supervision records evidenced that supervisions covered relevant issues such as training and care issues. This meant that staff were supported to discuss their competence and identify their learning needs. We also saw there was an initiative of the registered manager introducing an award for promoting positive change in the home. This encouraged staff to develop new ways of working to ensure people's individual needs were promoted, so that could have had a better quality of life.

We saw that people had been asked their opinions of the service in the past year by way of completing satisfaction surveys. We noted a generally high level of satisfaction with the running of the service. A number of issues were highlighted as needing attention such lighting levels and the response time to call bells when staffing levels were short. There was evidence in the form of an action plan, that issues had been acted on.

The registered manager had implemented a system to ensure quality was monitored and assessed within the service. We looked at a number of quality assurance audits. These included accident analysis to prevent accidents in the future, provision of activities, safety of the general environment, tissue viability to prevent pressure sores from developing, nutrition and hydration and a manager's audit covering relevant issues such as safeguarding people from abuse, staff training, infection control and care planning. By having quality assurance systems in place, this protected and promoted the safety and welfare of people living in the service and was an indication of a well led service.