Elizabeth Finn Homes Limited

Merlewood

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

The inspection took place on 13 September 2016 and was unannounced.

The last inspection took place 18 November 2013 when we found no breaches of Regulation.

Merlewood is registered to provide nursing and personal care for up to 53 older people. The service is managed by Elizabeth Finn Homes, a subsidiary of the charity Turn2us. They operate nine nursing and residential homes across England. Elizabeth Finn Homes provide care to professional people, and their families, who are residents or nationals of the UK or Republic of Ireland. At the time of our inspection 52 people were living at Merlewood. The accommodation was on the ground floor. Each bedroom had en suite toilet and hand wash basin and doors leading to the garden.

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 and associated Regulations about how the service is run.

People living at the service were happy there. They felt their needs were met by kind, caring and polite staff. They were able to make choices about how they spent their lives and had consented to their care and treatment. Care plans were regularly updated and reviewed. People liked the food and took part in a range of social activities which reflected their needs and preferences. They felt safe and had their medicines administered in a safe way.

The staff were happy working at the service and felt well supported. They had the training and information they needed to be able to care for people. There were good systems of communication between the staff and they worked well as a team.

The service was well managed. There were systems to monitor the quality of the service and improvements had been made as a result of audits, checks and feedback from people living at the service. The manager had undertaken some innovative work to look at best practice guidance for supporting people.

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 by appropriate safeguarding procedures. The staff were aware of these and the provider responded appropriately to allegations of abuse.

The risks to people's safety and wellbeing had been assessed and staff followed plans to keep people safe.

People lived in a safe and appropriately maintained environment.

People received their medicines safely and as prescribed.

There were enough suitably recruited staff to support people and meet their needs.

Is the service effective?

Good

The service was effective.

People had consented to their care and treatment where they had capacity. Decisions had been made in people's best interests when they lacked capacity to make these decisions themselves.

People were cared for by staff who were well supported and appropriately trained.

People's nutritional needs were met.

People were supported to meet their health needs and had regular consultation with healthcare professionals when they needed.

People lived in an appropriate environment.

Is the service caring?

Good

The service was caring.

People were cared for by staff who were kind, supportive and polite.

People were treated with respect and their privacy was maintained.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed, planned for and met.

People were involved in planning their own care.

There was a range of social activities which reflected people's needs and interests.

People were asked for their opinion about the service and felt able to raise complaints.

Is the service well-led?

Good

The service was well-led.

People had the opportunity to express their views and be involved in planning their own care.

There were appropriate systems to audit the service and to ensure good quality care was provided.

Records were accurate, up to date and appropriately maintained.

Merlewood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider 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.

This inspection took place on 13 September 2016 and was unannounced.

The inspection visit was carried out 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. The expert-by-experience supporting this inspection had experience of caring for relatives who used care services.

Before the inspection visit we looked at all the information we held about the service. This included notifications of significant events and the last inspection report.

During the visit we spoke with seven people who lived at the home, five of their visitors and the staff on duty who included the general (registered) manager, the clinical lead, nurses, healthcare assistants and catering staff.

We looked at records which included the care records for five people, the staff recruitment records for six members of staff, staff training and support records, the provider's record of complaints, safeguarding alerts and copies of audits and meeting minutes. We also observed how people were being cared for and supported, how medicines were managed, the environment and activity provision.

Good

Is the service safe?

Our findings

People living at the service and their visitors told us they felt people were safe there. Some of their comments included, ''I do feel very safe here. I sleep with the door open as a mark of how safe I do feel'', ''I feel quite safe in the home. All the doors are locked up at night so no unauthorised visitors. The staff are vetted before they start to work here so I am quite happy with them. I feel very secure. I also have a gut feeling that this place is quite safe'', ''I do feel safe, that's very definite! On the whole, they're very nice people here and I trust them very much'', ''I do know [my relative]'s not at risk and so does she'' and ''My [relative] feels very safe here, he loves it here actually; he thinks it's a hotel. I know that he does feel very safe here and very well looked after.''

People using the service and their relatives told us they would report any concerns about safety to the staff and the registered manager. They felt they would be listened to and action would be taken to keep them safe.

There was an appropriate safeguarding procedure and the staff were aware of this. The staff told us they received training on safeguarding and they would report to the registered manager if they had concerns. They knew about the contact details for the local safeguarding authority and the Care Quality Commission. There was information about safeguarding and reporting abuse on display around the home. The provider had responded appropriately to safeguarding concerns and had worked with the local safeguarding authority to investigate these and protect people. They had also made alerts themselves when they felt people using the service were put at risk by others. There were clear records of these alerts and also information within people's care plans to show how they were being protected.

People told us the staff were available when they needed them. They told us they were able to access call bells to request staff support. However, some people felt these were not always answered promptly. One person said, ''If I need attention I use the call bell. The response can be from just a few seconds to longer, it depends how busy they are at the time.'' Another person told us, ''The bells aren't answered that quickly really.'' However, another person said, ''The bells are answered quickly daytime or evening, I have no particular concerns about that.'' And two other comments included, ''They're slow to answer the bells on the changeover morning and evening but, on the whole, they tend to be quite quick'' and ''I have no concerns they always come when I need them.'' We saw that people had easy access to call bells in bedrooms, bathrooms and communal rooms. Some people were given portable alarms so they could carry these in the garden and around the home. People who were at risk of falling had unobtrusive sensors in their rooms which alerted the staff if they tried to get out of bed or move around their room. The registered manager told us the alarms had helped prevent falls because the staff could check on people to make sure they had the support and equipment (such as walking frames) they needed as soon as they were made aware the person was moving around.

Risks to people's safety and wellbeing had been assessed. We saw a range of individual risk assessments. Risk assessments included risks related to their physical and mental health, nutrition, skin care, moving

around and use of equipment. The risk assessments included information on risks people were willing to take and their abilities as well as the support they needed to minimise the risk of harm, incidents or accidents. Risk assessments were regularly reviewed and updated. There was clear guidance for staff on the support they should provide.

The provider made regular checks on the environment to ensure that Merlewood was a safe place to live. There were regular cleaning and building audits, checks were made on fire, electricity, gas and water safety and the related equipment. There was evidence that action was taken when faults were identified. The provider had a fire risk assessment and individual evacuation plans for each person. All accommodation was on the ground floor and people were able to access the grounds safely directly from their room. The staff ensured doors to the garden were secured at night. We saw evidence of regular health and safety committee meetings, when the registered manager discussed the safety of the environment with key members of staff. All services, including those of hoists, fire safety equipment and call bells were up to date and action had been taken to remedy any concerns.

People told us they had the assistance they needed to take medicines. One person told us, ''I am on medication four times a day. I do find that their attitude to the medication is far more disciplined here than it was in the hospital when I was there.''

People received their medicines safely and as prescribed. We observed the staff safely administered medicines. The staff checked with people if they wanted their medicines before administering them. The medicine trolley was locked in between each administration and security of medicines was maintained. The staff regularly checked the temperature of the medicines fridge and clinical rooms to ensure they were kept at safe levels for medicine storage.

Medicines were stored safely and securely. The provider kept accurate records for Controlled Drugs (CD) which were kept securely as per legal requirements. Two staff signed for CD administration. We observed the staff completed a stocktake of all controlled drugs and recorded this audit every shift handover. The provider made secure arrangements for the destruction of expired or unused medicines.

The provider's medicine policy recorded how staff should enable a person to self-medicate after assessing the capacity of person, involving the multi-disciplinary team and the person themselves. One person self-administered prescribed medicines and this has been risk assessed. There were regular reviews of the risk assessment to keep the information current. We were told the person was provided with a secure place for safe storage of medicines.

The medicines policy had a section on covert administration of medicines. Staff told us no one was currently receiving medicines covertly. Homely remedies were used in the service and staff followed the provider's policy for their administration.

Medicine administration records were completed accurately. Each had a front sheet with a dated photograph to be renewed yearly. There was information about people's level of needs in respect of taking medicines, for example, if a person had a swallowing problem and any allergies and/or other specific needs to be considered. Some people had medicines when required (PRN) and we saw PRN protocols were in place and being used. The staff recorded why a medicine had been administered, for example, one person was prescribed paracetamol for a range of symptoms and staff indicated which symptom had necessitated the need for the medicine. All the PRN protocols had review dates so the information was kept up to date.

The provider maintained sufficient levels of staff. The staff told us the service rarely used agency staff and

the permanent staff covered with overtime if needed. The rotas showed us there were sufficient numbers of staff on duty.

The provider had policies in place and had followed these when recruiting staff to keep people safe. Before employment, staff completed an application form with full employment history. The provider obtained references from previous employers and undertook other checks which included criminal record checks, checks on identity and eligibility to work in the United Kingdom.

Good

Is the service effective?

Our findings

People had been involved in making decisions about their own care and their involvement was recorded. Where people had the capacity to understand and sign consent they had been asked to do this.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The registered manager understood their responsibility for making sure the least restrictive options were considered when supporting people and ensured people's liberty was not unduly or unlawfully restricted. The registered manager had submitted DoLS applications for authorisation where people's liberty had been restricted in the service. The capacity assessments, best interest decisions and DoLS applications and authorisations were recorded. People's care plans also stated who should be involved in any best interest decisions for each person, for example decisions about medical interventions in the future.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the person, if possible, people who know the person well and other professionals. The staff understood that people had a right to make decisions about their care and be supported to do so in a safe and lawful way. Care records outlined where people could make decisions for themselves. We observed when the staff spoke with people they gave them time to respond to ensure people had understood what was being said. We saw the staff gained consent from people to deliver care and support to them.

The staff were able to tell us about DoLS and MCA. They understood the principles of these and their responsibilities. They told us they had received training in these areas. They said that they allowed people to make choices and obtained their consent about their day to day care and how they spent their time.

People living at the service and their relatives told us they thought the staff were well trained and had the skills they needed to support them. Some of their comments included, ''I'm happy that the staff here are well trained to look after me'', ''Most of the staff give me great confidence yes so I would say that they are quite well trained and they do know what they are doing. They can look after me correctly'', ''I do feel confident with the staff but have not really had to put them to the test yet'', ''They do seem to be very competent here, they inspire confidence so I feel that they are correctly trained to look after my [relative]'' and ''The staff appear to be well trained I would have thought.''

There was an appropriate induction for new staff which included training in key areas and shadowing experienced staff. The training was linked to the Care Certificate (a national set of standards for care staff). The records of staff training showed that annual updates of specific courses took place.

The staff told us they received yearly refresher training. The staff also told us the provider supported them to access further training, for example one member of staff told us they had completed tissue viability training

and another told us they were undertaking management training. Registered nurses told us the provider had organised a training session provided by the Royal College of Nurses. There was an appropriate training plan which included support for nurses to learn new clinical skills and demonstrate their competency as part of the validation of their registration. The staff were supported to undertake vocational qualifications and there was evidence of support for the staff to be promoted within the organisation.

The staff told us they had regular individual meetings with their line manager at least twice a year and we were shown written records of these. Discussions included information around customer care, quality, team working and procedural updates. The staff received a yearly appraisal which also looked at individual development needs as well as the core values of the provider.

Most people enjoyed the food at the service and told us they had a choice of what to eat. Some of their comments included, ''We get refreshments during the day as well, coffee, cake and biscuits etc'', ''The food is quite good here, although yesterday's meal was quite tasteless I'm afraid. The chef seems quite open to suggestion, you can tell him what you like and he does try to accommodate you. We do get further refreshments throughout the day and you can also ask for something specific and they will bring it if they've got it. There's no reason to be hungry or thirsty here. I've just arranged with the staff to bring me an early morning cuppa at around seven o'clock every morning'' and "My [relative] now has a healthy appetite especially compared to what it used to be like. There are always refreshments on offer, including for me when I'm here. They even made him a toasted cheese sandwich yesterday using gluten-free bread as it's better for him.''

People's nutritional needs had been assessed and each person had an individual care plan relating to this. Where people were at nutritional risk staff monitored their food and fluid intake and referrals had been made to specialists for input. . The catering staff had a good knowledge of special diets and had received training and information about texture modified food. There was guidance for staff on how to support people with special diets and swallowing difficulties. People's weight was monitored and records showed that changes in weight were acted upon. For example, the staff had fortified food and drinks and offered foods to provide additional calories when people had lost weight.

Menus were planned with people who lived at the service and included a variety of options for all meals. The food was nicely presented and people were served individual portions which met their needs and reflected their preferences. People were offered condiments and a choice of drinks with meals. If people required specialist equipment this was provided. For example, some people had lipped plates to enable them to eat independently. Food was prepared each day from fresh ingredients. The catering staff made appropriate checks on the food supplies and the temperatures of food storage and cooked food to maintain food safety. There was evidence of kitchen audits, including cleaning audits to keep a clean and safe kitchen environment.

People told us they had the support they needed with their health. They told us they had access to doctors and other healthcare professionals when needed. Some of their comments included, ''If I needed to see the doctor, they'd put me on his list. He calls at least once every week and you can ask to see him. I also see opticians podiatrist when I need, I'd ask the staff and they would sort it out for me'', ''Fortunately, I've never needed the doctor I'm happy to say. The staff would also organise people like a dentist", ''The doctor sees [my relative] by appointment when he's needed. Otherwise I believe that the nurses here sort her needs out'' and ''I do know that they arranged a visit from a podiatrist recently to sort my [relative's] feet out.''

People's health care needs had been assessed and were recorded in care plans. These were regularly updated and reviewed. We discussed specific needs with the nurses and care staff. They had a good

knowledge of individual health needs and how these would be met. The GP visited regularly and there was good communication between the staff and the GP. There was evidence of referral to other healthcare professionals as needed, including the staff following up referrals which they felt had not been met in a timely way. Where other professionals, such as the speech and language therapist, dietitians and occupational therapists had seen people, we saw that there was clear guidance from these professionals in care plans and the staff followed this. Healthcare plans were reviewed regularly. Where people had been injured or had a wound, there was clear information about the treatment and progress of the injury. The staff had responded appropriately to medical emergencies and this was clearly evidenced.

The environment was suitable to meet the needs of people living there. All accommodation was on the ground floor and all rooms had access directly to the garden. People had personalised their bedrooms. Communal facilities included a chapel, hairdressing salon, library, cinema area and a shop. People were able to access all areas of the environment without restriction. Corridors, toilets and bathrooms were equipped with hand rails. The environment was appropriately decorated and well maintained. There were additional features such as fresh flowers throughout. There were notice boards of information around the building and people had access to games, magazines, books and puzzles in communal rooms.

Good

Is the service caring?

Our findings

People living at the home and their relatives told us the staff were kind, caring, polite and considerate. They said they had formed positive relationships with the staff. Some of their comments included, ''The staff here are absolutely excellent! They are very considerate, very kind and caring'', ''The carers are such that I find this is a very pleasant place to be. Some show real affection when they're looking after us'', ''The carers I have to say are very good, just about excellent! They do treat me with loving care, they're very kind and also quite considerate'', ''The staff here are certainly caring'' and ''As far as I'm concerned the carers here are absolutely brilliant! They all do it with love. They all greet my relative] warmly and they do look after me as well. The nurse took me aside yesterday for a chat, she just wanted to know how I was, how I was feeling, was I ok.''

We observed the staff being kind, caring and thoughtful. They offered people choices and respected the answers people gave. There was a friendly and relaxed atmosphere. The staff shared jokes with people and comforted them when they needed. They were attentive and spoke with people at eye level, making sure they felt safe, secure and happy. The staff knew people well and had made special efforts in their care of them. For example, one person collected feathers and some of the staff had found interesting feathers for the person when they were not at work. People living at the service were retired professionals and the staff knew and understood their interests. They supported people to access a range of information which interested them, providing games and puzzles for people. There was a notice board to display where the staff had been on holiday so they could share their experiences with people living at the home. We heard the staff engaging people in conversations which interested the person and reflected their personal interests and experience.

People told us they were supported to remain independent and to do things for themselves if they wanted. One person said, ''They do certainly respect my independence, I tell them if I'm going out and where I'm going and they're usually quite happy. I'm mobile so I can get around. Obviously if I was late coming back they'd come and look for me.'' Another person told us, ''I am encouraged to be as independent as I can.''

People's care plans included information about how people could remain independent and the things they could do for themselves. There was a focus on empowerment, reminding the staff to encourage and support people who wanted to do something for themselves. We saw the staff following these plans, by encouraging people to make choices and to do things for themselves.

People living at the home told us their privacy and dignity was respected. One person said, ''They respect my privacy and they treat me with the greatest respect. When they want to come in they knock on the door. If they find me in a state of undress they will apologise and go. I'm quite happy with that.'' Another person told us, ''They treat me with the greatest of respect and they do look after my privacy and my dignity. If they didn't, I wouldn't let them near me you can be assured of that!!'' A third person commented, ''They respect my privacy here always. They have always treated me with respect and preserved my dignity faultlessly.''

Throughout our visit we saw the staff respected people's privacy and treated them with dignity. They

knocked on bedroom doors and waited for people to respond before entering. They told people what was happening, for example explaining when they were going to support someone to move and when administering medicines.

People were supported by staff who were competent in end of life care. The provider was working towards the Gold Standard Framework (a national accreditation for people caring for those at the end of their lives). Staff told us they were able to have discussions with people about what their end of life wishes might mean to them so that people's decisions were respected. Each care plan included information about people's wishes and preferences for care at the end of their lives, including any specific cultural and religious needs. The staff worked closely with a local hospice who offered training and support. The nurses had undertaken specific training around end of life medicines and equipment people required to ease pain and to make them comfortable.

Good

Is the service responsive?

Our findings

People using the service and their relatives told us that their needs were being met. One visitor said, ''My [relative] has improved dramatically since he came here. Before coming here, he was frightened but that has all gone in the few short days. He now has confidence and he gets around whenever he can, he's even trying to walk now when he would not even think about doing that before. Bearing in mind he's only been here a short while, his change is absolutely phenomenal for the better.''

Most people could remember being asked for their views when their care was planned. They told us the staff respected their choices and preferences when delivering care. Some people said they did not remember their care being reviewed, but felt that their relatives may have dealt with this. One person said, ''My plan was drawn up between them and me, I am mentally alright and a strong lady so I give them all the information they need. It's updated regularly.''

People were given a guide to the home which included information about planned activities and how to access different services.

People's care needs had been assessed and were recorded in individual care plans. The plans included details about people's preferences and likes. The care plans were clear and included information about personal care, nursing and health needs, nutrition, skin care, social and emotional needs, support at night and moving safely. Care plans were regularly reviewed and updated. The staff we spoke with had a good knowledge of care needs and the support each person required. Care notes included information on how people had been each day, how the staff had supported them, and any specific information about food and nutrition. People told us they could request support with bathing and showers whenever they needed.

People told us they liked the organised activities and had enough things to do which met their individual needs. One person told us, ''I go on the trips outside as well. I'm not going on the next one as it's quite local and where I used to live so no – I don't think so. Southsea for fish and chips sounds nice, I'd do that one. I do a lot of reading whenever I can. I like a good book to settle down with, it keeps me happy.'' Another person said, ''I do the activities when they look good. That also applies to the trips outside.'' A relative commented, ''[My relative] has been to the activities, he's enjoyed them, especially the singalongs and actually joins in. I think he might go on the outside trips as well if he feels well enough to do so.''

There was a planned activity schedule which was delivered to each person every two weeks. The schedule also included important notices and information about the service, crosswords and puzzles and reminiscence information. Planned activities included a number of outings and trips. There were also regular group events. Some of these were run by the people who lived at the home, such as the knitting group. Other activities included craft activities, word games, board games, reading groups and exercise. People living at the home helped to plan activities and were asked about their interests and the things they would like to be involved with. There was a feedback form in each activity guide and people were encouraged to complete this. The home was equipped with a chapel and there were regular religious services. There was also a library, run by volunteers which people cold access whenever they wanted.

People knew how to make a complaint and felt that when they raised concerns these were responded to. One person said, ''I've never complained but, if I needed to, I would know what to do, I'd go straight to the top, [the manager], I'm sure she'd sort it with no problem.'' Another person told us, ''In the unlikely event that I needed to complain, I'd go straight to [the manager] and I know she'd sort it because she's quite reliable I feel.''

The complaints procedure was displayed on notice boards in the home and people had a copy of this in the service user guide which was in their room.

The provider's record of complaints showed that they had responded to and investigated all complaints. There was evidence they had taken appropriate action following complaints, such as retraining staff. They had also responded to the complainant telling them the outcome of their investigation and action they had taken.

The provider asked people living at the home and their relatives to complete surveys about their experiences. These surveys included themed questionnaires, for example about food and cleanliness. The feedback from surveys was collated and the registered manager responded to individual concerns. There was evidence that changes to the service had been made as a result of feedback from people living there.

People living at the home were invited to participate in meetings to discuss the service, so they could express their views about it.

Good

Is the service well-led?

Our findings

People told us they liked the service and were happy living there. Relatives were happy with the care people received. They felt involved in developing the service and making decisions about the home. People told us they were well informed. One person told us, ''I am involved in developing the service because I go to the resident's meetings'' and ''This is by far the best home in this area, there's no doubt about that.''

People liked the registered manager. They felt the service was well-led and told us they could speak with the registered manager if they needed to. One person told us, ''I do believe the home is well managed by [the manager] and also the staff are quite well led by her. She's always out and about, asking people this and that, if they enjoyed their food, any other problems etc.'' Another person said, ''I honestly believe that she does a good job in running the home. She's also pushing the staff in the correct direction as well.'' Another person commented, ''[The manager] comes in to our rooms or the lounges and chats to us and makes sure that all are ok. Yes, she manages this place okay I reckon and she does quite a good job with the staff as well.'' One relative said, ''From what I've seen so far, yes it is extremely well managed, and the staff are being led down the right path, in the right direction. [The manager] is usually out and about and does talk to the people here as she sees them. My [relative] says it's wonderful here and that he wants to stay. There's nothing much bad to say about it at all as it's a really good place to be.'' Another relative told us, ''It's the best in the area and I wouldn't hesitate in recommending it to anyone in need.''

People were involved in planning their own care and in developing the service. People took part in planning meals, activities and the design of communal rooms. In addition the provider had asked people living in their homes and families to contribute to developing the values of the organisation. There were regular meetings for people who lived at the home and these included discussions about the service, information sharing and planning. There was a separate ''gourmet group'' set up to discuss menus. The group regularly met to plan future menus and sample different food. At a recent meeting people were invited for a cheese tasting session. Popular cheeses were added to the menu.

The registered manager was experienced at running care homes and had previously managed another service. They had an appropriate management qualification. The provider was a charity who ran eight other care and nursing homes. The registered manager told us the provider was very supportive, offering advice and opportunities to develop staff.

The registered manager and clinical lead attended forums with other managers to discuss best practice. They told us that participants were allocated a topic to research and discuss at the forums. For example, the clinical lead told us they had looked at best practice guidance and legislation around medicines and had presented their findings to others at the forum. The registered manager told us these were good for sharing ideas and looking at work they could do to improve the service. The registered manager and clinical lead had recently researched mouth care and looked at best practice for supporting people, especially those who were being cared for at the end of their lives.

The provider had an appropriate business continuity plan which outlined the action the staff should take to

keep people safe in a number of emergency situations. The plan was regularly reviewed and updated. The home's business plan was up to date and included information on how the service was meeting their aims and objectives. The plan also outlined actions to improve the service.

The registered manager, staff and provider participated in regular audits of the service, including checks on care plans, catering, cleanliness, health and safety and accidents and incidents. The registered manager analysed the findings of these audits and had developed plans to improve the service where concerns were identified.

Records were well maintained, clear and up to date. Care records reflected people's views and preferences. The staff reviewed and updated these regularly and kept an accurate and appropriately detailed record of the support they had provided. Staff records were also clear, accurate and appropriately maintained. The registered manager had systems to regularly audit and update information and all recorded. We saw how information about events, such as incidents and accidents could be easily located and tracked to see how these events were dealt with and what action had been taken.

Notifications were being sent to Care Quality Commission (CQC) for any notifiable events, so we were being kept informed of the information we required.