Westwood Care Homes Limited

Woodlands Nursing Home

Inspection report

Butterley Hill
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Date of inspection visit:
12 September 2016

Date of publication:
10 November 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

We inspected Woodlands Nursing Home on 12 September 2016. This was an unannounced inspection. The service is registered to provide accommodation and nursing care for up to 40 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 34 people living in the care home, including one person who was in hospital.

At our last inspection on 14 November 2014 the service was found to require improvement in all outcome areas and one breach of regulations was identified, regarding Deprivation of Liberty Safeguards (DoLS). Following that inspection we asked the provider to advise us how they would address the identified shortfalls. They subsequently sent us an action plan stating the improvements they intended to make and the date by which they would be completed. On this inspection we found the necessary improvements had been made and the service was no longer in breach.

A registered manager was in post and present on the day of the inspection. 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.

There were policies and procedures in place to assist staff on how keep people safe. There were generally sufficient staff on duty to meet people's needs; however some inconsistencies were identified regarding staffing levels over the weekend. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There were quality assurance audits and a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Staffing levels, particularly at weekends, were often inconsistent and not always sufficient to ensure people received a safe level of care. Medicines were stored and administered safely and accurate records were maintained. People were protected by robust recruitment practices, which helped ensure their safety. Concerns and risks were identified and acted upon.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good

The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care and support needs were regularly

assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Good

The service was well led.

Staff said they felt supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Woodlands Nursing 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 12 September 2016 and was unannounced. The inspection team consisted of one inspector, a specialist nurse advisor 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. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with 7 people who lived in the home, three relatives, three care workers and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe and very comfortable at Woodlands Nursing Home. One person told us, "Oh yes, I'm very content here." Relatives also spoke very positively about the safety and welfare of their family members. Everyone we spoke with was happy and satisfied regarding the quality of care and support provided. One relative told us, "[Family member] is much safer here than at home."

We saw there was sufficient staff on duty in the communal areas and people did not have to wait for any required help or support. However we received contradictory comments from some relatives regarding staffing levels over the weekend. One relative told us there was, "Definitely not enough staff." However another relative said there was, "No problem at all; there's always sufficient staff around." We heard one relative speaking with a member of staff. The relative said, "It was busy over the weekend, not enough staff on duty again." The member of staff replied, "Weekends can be busy – if we don't have all staff turning up." We spoke with this member of staff who told us, "Weekends can be difficult as some staff just don't turn up." They added, "They try to cover but it's just not easy at weekends." Another member of staff told us, "People ring in sick and if you can't get cover you are short and residents just have to wait that bit longer for anything they need. Some mornings the last one we get up can be nearly dinnertime."

The registered manager told us there were 35 people living in the home (although one person was currently in hospital). They explained that 15 people lived "downstairs" and 20 people had rooms upstairs. 24 people had been assessed as requiring nursing care and 11 people required residential care. They told us there was always a minimum of one nurse – who worked between floors - and six care staff on duty each morning. The deputy manager was the qualified nurse on duty on the day of our inspection. They told us, "We always try for seven staff, as that is what we agreed but we can occasionally be pushed for time." Although we heard call bells ringing we did not observe people having to wait long for support. The registered manager said they had recently appointed an activities manager and told us, "So now we have two activity staff on duty during the week, one works 8am-4pm and the other 10am-4pm." This was confirmed by staff we spoke with and supported by duty rotas we saw.

We spoke with the registered manager who confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare. They acknowledged there were times when staff shortages meant people might need to wait longer for help and support. They assured us they were addressing this issue as a matter of priority, to help ensure there was sufficient staff on duty, at all times, to safely and effectively meet people's care and support needs.

Throughout the day we observed positive and friendly interactions. People were comfortable and relaxed with staff, happily asking for help, as required. We also saw people were free to move around both floors and had choice about which lounge they liked to sit in and which dining room they preferred to use. There was a passenger lift that provided easy access to both floors, which meant people were able to move safely around the premises.

Medicines were managed safely and consistently. Staff involved in administering medication had received appropriate training. We spoke with the clinical lead nurse regarding the policies and procedures for the safe storage, administration and disposal of medicines. They confirmed that, "The safety of the residents here is paramount. Everyone with responsibility for medication has had the necessary training and their competency is regularly assessed." This was supported by training records we were shown.

During lunchtime we observed medicines being administered and saw that all medication administration records (MAR) had been completed appropriately. Staff gave out medicines to people just after lunch. They demonstrated safe and courteous practice and we heard they asked people for consent. Staff also explained to people what their medicine was for. For example, we heard them say, "[Name] I have your tablet here for your blood pressure. Is it okay to give you your medication now?" Fridge temperatures for storing medicines were appropriately recorded and monitored in accordance with professional guidance and best practice. This meant medicines were stored, handled and administered safely.

The provider operated safe and thorough recruitment procedures. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

During our inspection we saw there were no obvious trip hazards and all areas of the home were very clean, well-maintained and easily accessible. There were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines.
People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed, to help ensure they were appropriately managed. In care plans we looked at, we saw personal and environmental risk assessments were in place. People told us they had been directly involved in the assessment process and we saw this was recorded in individual care plans.

Staff we spoke with said they understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns which may indicate a change in people's needs, circumstances or medical condition. They said this helped reduce the potential risk of such accidents or incidents happening again and we saw documentary evidence to support this. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

Good

Is the service effective?

Our findings

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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm. During our previous inspection we identified a breach of Regulation 18 of the Health and Social Care Act 2008. (Regulated Activities) Regulations 2010, relating to the operation of DoLS.

At this inspection we found that necessary improvements had been implemented and the service was no longer in breach of regulations. The registered manager confirmed that, following individual assessments, DoLS authorisations were in place for two people. They also told us they were currently waiting for decisions regarding further DoLS authorisations, following applications to the local authority.

Staff had knowledge and understanding of the Mental Capacity Act (MCA) and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in
their 'best interest' in line with the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed staff always gained their consent before providing any personal care.

People and their relatives thought staff had the necessary skills and knowledge to effectively meet people's individual care and support needs. One person told us, "I think we're very well looked after here, they (staff) all know us and know what we need." They said they had access to doctors and other health care professionals, as and when required. One person told us, "There's a doctor here most days and the optician and chiropodist visit regularly." We saw in people's care plans that they had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists. Individual care plans also contained records of any appointments with, or visits from, such healthcare professionals.

People were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet. One person told us, "No complaints about the food here; it's lovely." People also said they had enough to drink. One person told us, "There's always plenty to drink; we have cups of tea all day long." One relative told us,

"[Family member] eats well. Today they had two bowls of porridge and a bacon sandwich for breakfast."

We observed lunch in the first floor dining area, where there were eight people seated at tables. They were independent and able to eat their meals without support. There were an additional five people in armchairs who required assistance to eat. We saw, where necessary, appropriate and discreet support was patiently provided by staff in a calm, unhurried manner. One person who was not eating was asked by one of the kitchen staff if they needed any help, which was provided and much appreciated. Following individual nutritional assessments, some people had their food pureed and at least two had plate guards to keep the food from spilling over the edge. People were given cold drinks with their meals. We saw one person said they didn't really like puddings. When asked if they would like fruit, they chose a banana. The member of staff asked if they would like the banana cut up. When they said, "Yes please," they sliced up the banana, which the person happily ate and clearly enjoyed. We heard one person asked for and was given seconds and another told the cook how much they enjoyed their meal. We saw care staff checked with the other people whether they had enjoyed their meal.

Records showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. People and relatives spoke positively about the staff and told us they had no concerns about the care and support provided. One member of staff told us "The training here is really good and the manager is very supportive." Another member of the care staff told us they had been with the service for nearly 10 years. They had completed NVQ2 and told us, "I am up to date with all my training and feel very confident in what I'm doing." They said they felt supported by registered manager and deputy manager. They told us, "They're both very approachable and they do listen." This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

The deputy manager told us they had been with the service since May 2016. They confirmed their induction programme was the same for all registered nurses but they were being supported by the registered manager, "to develop my management skills." They said they had completed all mandatory training (on-line) as well as medication training from the local pharmacy. They confirmed their medicines competency assessment had been carried out by the registered manager and another nurse. They described the training as 'Very good" and said formal supervision was ongoing and had been more frequent due to them being in a senior post. They said they felt supported by senior management and able to demonstrate clinical competency but needed to develop their management skills.

Good

Is the service caring?

Our findings

People and their relatives spoke positively regarding the caring environment and the kind and compassionate nature of the manager and staff. One person told us, "They're good staff…. they pull your leg a bit… and I like that." Another person described the staff as, "Nice, kind and caring." A relative told us, "My [family member] is very well looked after and really likes it here."

Throughout the day we observed many examples of friendly, good natured interaction. We saw and heard staff speak with people in a calm, considerate and respectful manner. People were called by their preferred names, and staff always spoke politely with them. Staff were patient with people, and took time to check that people heard and understood what they were saying. Conversations with people were not just task related and staff checked people's understanding of care offered.

We observed staff talking and interacting sensitively with people about what they were doing. For example, we saw two members of staff assisting a person to transfer from their wheelchair to a comfortable chair. The care staff communicated with the person the whole time, in a friendly good natured manner, reassuring and explaining what was happening and what they were going to do. The hoist manoeuvres were carried out safely and throughout the process the person responded positively and was clearly happy and relaxed. We also saw a member of staff sitting with a person and talking about photographs in their album. They were both fully engaged and smiling as they pointed out and discussed particular photographs. This demonstrated the kind, caring and supportive attitude and approach of the staff.

A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living. These choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved and supported people in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They also said they were kept well-informed and were made welcome whenever they visited.

Individual care plans contained details regarding people's personal history, their likes and dislikes. The information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Staff had a good understanding of people's needs; they were aware of their personal preferences and supported people in the way they liked to be cared for.

People had their dignity promoted because the registered manager and staff demonstrated a strong commitment to providing respectful, compassionate care. The manager told us people were treated as individuals and supported, encouraged and enabled to be as independent as they wanted to be. During our inspection we observed staff were sensitive and respectful in their dealings with people. They knocked on bedroom and bathroom doors to check if they could enter. A relative told us, "The staff here are wonderful. I never hear them raising their voices and [Family member] is always treated with respect." Staff told us they ensured people's privacy and dignity was maintained when providing personal care.

People's wishes regarding their religious and cultural needs were respected by staff who supported them. Within individual care plans, we also saw personal and sensitive end of life plans, which were written in the first person and clearly showed the person's involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and funeral arrangements.

Good

Is the service responsive?

Our findings

People received personalised care from staff who were aware of and responsive to their individual care and support needs. One person told us, "I can always choose what I like to do." They also spoke very positively about the activities co-ordinator, who was clearly well-liked and popular. All the relatives we spoke with told us the home was very welcoming and there were no restrictions on visiting times.

The registered manager explained they would always assess a person's individual care and support needs, to establish their suitability for the service and "their compatibility with existing residents." They also confirmed that, as far as practicable, people were directly involved in the assessment process and planning their care.

The care plans, including risk assessments, we looked at followed the activities of daily living such as communication, personal hygiene, continence, moving and mobility, nutrition and hydration and medication. They also contained details regarding people's health needs, their likes and dislikes and their individual routines. This included preferred times to get up and go to bed, their spiritual needs and social interests. Individual care records were reviewed regularly to ensure they accurately reflected people's current and changing needs and we saw people were directly involved in this process.. This demonstrated that the service was responsive to people's individual needs.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. Staff were also able to describe in detail the people they were looking after that day (Staff were allocated to specific wings during the handover at the beginning of the shift.) We spoke to a member of staff on Butterley, where there were seven people. We asked if they had any concerns about any of the people they were caring for. They told us, "[Name] is not eating well today, and needs encouragement. They were assessed when their condition deteriorated and now have a pureed diet with syrup thick fluids'. This demonstrated the service was responsive to people's individual care and support needs.

Individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure that people's care and support needs were met in a structured and consistent manner. The deputy manager told us care plans were being further developed using a new electronic recording system, which included portable 'tablets', and people's personal details were currently being transferred onto the new system, They said early feedback from staff using the new system had been very positive but described the transition as, "Time consuming and work in progress." This was supported by members of staff we spoke with about the new electronic system. One told us, "It's much easier and far better. Before we had piles of documents but now the information is much easier to access. Another member of staff told us, "It saves time writing up records. Information is instantly transferred from our tablets to the central care records – in time for handover."

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout the day we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a calm, unhurried manner.

The deputy manager told us that since our previous inspection they had increased the amount of staffing resource dedicated to activity. This was reflected in the positive comments from people regarding their daily activities. One person said they liked to join in with the bakery session and enjoyed watching TV. One person told us they liked to get out in the garden as often as possible and said the staff had laid on a lunch for a small group of them, on the lawn, which they had particularly enjoyed.

Another person told us there were opportunities to join in activities but that they didn't always want to. They told us, "I sometimes just like to sit and watch the world go by….." Their relative told us, "[Family member] is quite content, but we have asked the staff to try and encourage [name] to be more involved." They were concerned that their family member was becoming less active and less stimulated. And whilst they accepted that ultimately it was their family member's choice they thought staff needed to, "persist a little more" to get them engaged.

We saw photographs of the staff working at the service were displayed in the reception area of the home. This helped ensure people using the service and visitors could identify who the management and staff were. People using the service and relatives we spoke with told us they knew what to do if they had any concerns. They also felt confident they would be listened to and their concerns taken seriously and acted upon. One person stated "I would speak with the manager if I had any concerns, she is very approachable." The provider had systems in place for handling and managing complaints. The complaints records we looked at confirmed that these were investigated and responded to appropriately. Staff we spoke with were aware of the complaints procedure and knew how to respond appropriately to any concerns received.

Records indicated that comments, compliments and complaints were monitored and acted upon. Complaints were handled and responded to appropriately and any changes and learning implemented and recorded. For example, we saw that, following a concern raised by a relative, a person had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The registered manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant. They told us they also used satisfaction surveys to gather the views of people, their relatives and other stakeholders, regarding the quality of service provision. We saw samples of the most recent questionnaires and the positive responses received.

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and said they liked the way the home was run. We saw some evidence that the service was trying to engage with relatives and there was a poster inviting people to a forthcoming meeting.

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. Staff told us they felt supported by both the registered manager and deputy manager, who they described as very approachable. They felt able to raise any concerns or issues they had. We saw documentary evidence of staff receiving regular formal supervision and annual appraisals.

However, despite feeling supported by the managers, staff we spoke with did not always feel valued by the provider. One staff member told us, "There's no real incentive for people to stay and I can understand why some do leave." They went on to say, "Staffing is the issue here – always. They don't pay for bank holidays and there's nothing extra for working weekends. That's why you get people ringing in sick."

Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw that staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary.

Arrangements were in place to formally assess, review and monitor the quality of care. These included regular audits of the environment, health and safety, medicines management and care records. We saw these checks had helped the registered manager to focus on aspects of the service and drive through improvements following our last inspection. For example, the quality of care was being checked with people, care records were being developed and staff practices were improving to enhance their knowledge around the subject of dementia care. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.