Care Quality Commission

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Summer Lodge

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

Overall summary

This inspection took place on the 14 July 2015. Summer Lodge was last inspected on 23 April 2014 and no concerns were identified. Summer Lodge is located in Hove. It provides accommodation with personal care and support for up to 20 older people, some of whom were living with varying stages of dementia, along with healthcare needs such as diabetes and sensory impairment. Accommodation was arranged over three floors. On the day of our inspection, there were 18 people living at the service.

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

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I definitely feel safe, they are very good to me and look after me well". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to

Summary of findings

ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding adults and what action they should take if they suspected abuse was taking place.

Medicines were managed safely and in accordance with current regulations and guidance. 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).

Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including diabetes management, the use of breathing aids, such as a nebuliser and the care of people with dementia. Staff had received both one-to-one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People chose how to spend their day and they took part in activities in the service and the community. People told us they enjoyed the activities, which included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. People were encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. One person told us, "Everyone gets on with the staff, they're very nice and very gentle". Care plans described people's needs and preferences and they were encouraged to be as independent as possible.

People were encouraged to express their views and had completed surveys. Feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

Summary of findings

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.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Is the service effective?

Good

The service was effective.

Staff had a good understanding of peoples care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their role and responsibilities. This was continually updated, so staff had the knowledge to effectively meet people's needs. They also had formal systems of personal development, such as supervision meetings.

Is the service caring?

Good

The service was caring.

People felt well cared for, their privacy was respected, and they were treated with dignity and respect by kind and friendly staff.

They were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Is the service responsive?

Good

The service was responsive.

People were supported to take part in a range of recreational activities both in the service and the community. These were organised in line with peoples' preferences. Relationships with family members and friends continued to play an important role in people's lives.

People and their relatives were asked for their views about the service through questionnaires and surveys. Comments and compliments were monitored and complaints acted upon in a timely manner.

Summary of findings

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Good

The service was well-led.

People commented that they felt the service was managed well and that the management was approachable and listened to their views.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management and they were supported and listened to. They understood what was expected of them.

Summer Lodge

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 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.

The inspection took place on 14 July 2015. This visit was unannounced, which meant the provider and staff did not know we were coming.

Two inspectors undertook this inspection. Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in the communal areas and over the three floors of the service. We spoke with people and staff, and observed how people were supported during their lunch. We spent time observing care and used the short observational framework for inspection (SOFI), which is a way of observing care to help us understand the experience of people who could not talk with us. We spent time looking at records, including five people's care records, four staff files and other records relating to the management of the service, such as complaints, accident/incident recording and audit documentation.

During our inspection, we spoke with eight people living at the service, two care staff, the registered manager, the deputy manager, and the activities co-ordinator.

Good

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "It's very good here, I feel safe and everything is good". Another person told us, "I feel safe living at Summer Lodge, the staff are always very kind". Everybody we spoke with said that they had no concern around safety.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs, such as mobility, risk of falls and medicines. The assessments outlined the associated hazards and what measures could be taken to reduce or eliminate the risk. We also saw safe care practices taking place, such as staff supporting people to mobilise around the service.

We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The registered manager said, "Risk assessments are reviewed regularly to enable people to remain independent. We have people coming and going from the service, for example going to the clinic to get new hearing aid batteries and popping into town. People can choose to take risks".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to do in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of people changed, to ensure people's safety. The registered manager told us, "We have enough staff. If somebody's dependency gets too high, then we put on two care workers for them and would possibly discuss whether they needed to move on to nursing care". The registered manager gave us an example of how they had introduced extra staff into the service in the morning, to meet the needs people. We were told agency staff were used when required and existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave. Feedback from people indicated they felt the service had enough staff and our own observations supported this. One person told us, "As far as I'm concerned there are enough staff". Another added, "Yes there are enough staff, you just have to ring your bell and they're here immediately".

In respect to staffing levels and recruitment, the registered manager added, "We recruit as and when we need to. We have a new interview form which is more in-depth and carry out second interviews. As part of the process we show potential staff around the building and see how they interact with the residents, do they say hello and respond". Documentation in staff files supported this, and helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs.

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

We looked at the management of medicines. Senior care staff were trained in the administration of medicines. A member of staff described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medicine administration worked effectively and any issues could be identified and addressed.

We observed a member of staff administering medicines sensitively and appropriately. We saw that they administered medicines to people in a discreet and respectful way and stayed with them until they had taken them safely. Nobody we spoke with expressed any concerns around their medicines. One person told us, "I always get my medicine and they check to make sure I have

Good

Is the service safe?

taken them properly". Another added, "I have medicine in the morning and tablets at 12 o'clock and then at teatime. I have another at eight o'clock and I always get them on time". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of safely.

Good

Is the service effective?

Our findings

People told us they received effective care and their individual needs were met. One person told us, "I get enough of what I need, I'm never neglected". Another person said, "I consider myself very fortunate to be here. Everything gets done for me how I want it. I can't fault anything".

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and 'shadowed' experienced members of staff until they were assessed as competent to work unsupervised. They also received training specific to peoples' needs, for example around diabetes, the use of breathing aids, such as a nebuliser and the care of people with dementia. One person told us, "I commend the staff and their training. If I want something done, they always do it". The registered manager told us, "Care staff receive mandatory training over a 12 week period. This can be extended and is signed off by me. We used to use the Skills for Care induction, but now we use the Care Certificate". The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. They registered manager added, "We have specialist training around the needs of the residents, for example training around respiratory conditions and the use of a nebuliser. There has also been specific training around catheter care and epilepsy". Staff told us that training is encouraged and is of good quality. Staff also told us they were able to complete further training specific to the needs of their role, such as National Vocational Training (NVQ).

Staff received support and professional development to assist them to develop in their roles. Feedback from the registered manager confirmed that formal systems of staff development including one to one and group supervision meetings and annual appraisals were in place. Supervision is a system that ensures staff have the necessary support and opportunity to discuss any issues or concerns they may have.

Staff told us they explained the person's care to them and gained consent before carrying out care. Staff had knowledge of the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff were aware that any decisions made for people who lacked capacity had to be in their best interests.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider was meeting the requirements of DoLS. Two DoLS authorisations were in place for people, and the registered manager understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty.

People had an initial nutritional assessment completed on admission, and their dietary needs and preferences were recorded. This was to obtain information around any special diets that may be required, and to establish preferences around food. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. Everybody we asked was aware of the menu choices available.

We observed lunch. It was relaxed and people were considerately supported to move to the dining areas or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people required support or wanted extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation. One person asked for some apple sauce to go with their roast pork, and another wished to have a bottle of beer with their lunch and staff got these for them. All the time staff were checking that people liked their food and offered alternatives if they wished.

People were complimentary about the meals served. One person told us, "The food is very good". Another said, "The dinners are lovely. My favourite is fish and chips, I get a different dinner every day. If I don't like something, they just get me something else". A further person added, "The chef is very good. I had two boiled eggs for my tea yesterday, as that's what I wanted. For desert I had

Good

Is the service effective?

cheesecake and chocolate pudding, I was stuffed". We saw people were offered drinks and snacks throughout the day, they could have a drink at any time and staff always made them a drink on request.

People's weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as diabetes. We saw that details of people's special dietary requirements, allergies and food preferences were recorded to ensure that the cook was fully aware of people's needs and choices when preparing meals.

Care records demonstrated that when there had been a need was identified, referrals had been made to appropriate health professionals. One person said "If I need it, they phone up the doctor and the doctor always comes". Another said, "I'm very meticulous about my health. I wasn't very well recently and they got the doctor for me". Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals. They were knowledgeable about people's health care needs and were able to describe signs which could indicate a change in their well-being. We saw that if people needed to visit a health professional, such as a GP or an optician, then a member of staff would support them.

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, "The staff are lovely, I have a joke with them". Another person told us, "The staff are so kind. You have to respect what they do, they are very good".

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. We observed staff being caring, attentive and responsive and saw positive interactions with good eye contact and appropriate communication. Staff appeared to enjoy delivering care to people.

Staff demonstrated a strong commitment to providing compassionate care. We saw a person become agitated and upset, as they thought they had missed a visit from their relative. A member of staff intervened and spoke softly and calmly to the person and quickly reassured them that everything was ok. The person relaxed and the member of staff sat with them and chatted about the forthcoming visit of their relative. It was clear that the member of staff knew this person well and could recognise the best way to make them feel better. Later on in the day when the visitor arrived, the member of staff explained to them what had happened earlier and further reassurance was given to the person that they would not miss any visits from their relatives.

From talking with staff, it was clear that they knew people well and had a good understanding of how best to support them. The manager told us that staff ensured that they read peoples care plans in order to know more about them. We spoke with staff who confirmed this was the case and gave us examples of people's individual personalities and character traits. They were able to talk about the people they cared for, what time they liked to get up, whether they liked to join in activities and their preferences in respect of food. Most staff also knew about peoples' families and some of their interests. For example, we were told that one person used to run a music shop and care staff had got them a poster of Cliff Richard for their wall that they were very pleased with. We were given another example of a person who wished to use a specific type of 'coal tar' soap that was not readily available. The service had managed to find and purchase the specific soap for this person.

People looked comfortable and they were supported to maintain their personal and physical appearance. For example, people were well dressed and wore jewellery. We saw that staff were respectful when talking with people, calling them by their preferred names. Staff were seen to be upholding people's dignity, and we observed them speaking discreetly with people about their care needs, knocking on people's doors and waiting before entering. One person told us, "The staff help me with everything, yes they do. They treat me with respect and maintain my dignity". A member of staff told us, "This is really important. We always ask what people want and give them privacy. We knock on doors and make sure they are closed when we are giving personal care".

The registered manager and staff recognised that dignity in care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do, where they would like to spend time and empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. One person told us, "They are so patient and they offer me a choice of everything". Staff were committed to ensuring people remained in control and received support that centred on them as an individual. The registered manager told us, "Trusting relationships have been built between the staff and residents. Choice is discussed regularly at reviews with people and with family members".

Staff supported people and encouraged them, where they were able, to be as independent as possible. A member of staff told us, "It can be just little things, like making sure people have the right cutlery. Would a spoon be better than a fork for example". Another member of staff said, "We only try to assist people when they need it, not do everything for them". A further member of staff added, "We try and motivate people, for example with walking. If somebody can wash their face, I let them do it. Whatever a resident can do, I let them do it". Visitors were also

Good

Is the service caring?

welcomed. The registered manager told us, “It’s an open house for visitors, there are no restrictions. We offer hospitality like lunches and visitors can borrow wheelchairs to take people out of the home”.

Good

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. One person told us, "I'm very happy here, there hasn't been any occasion to moan". Another said, "[The deputy manager] is nice, if I had any problems I would talk to her".

There was regular involvement in activities and the service employed a specific activity co-ordinator. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. We saw a varied range of activities on offer, which included singing, exercises, films, arts and crafts and themed events, such as reminiscence sessions. On the day of the inspection, we saw activities taking place for people. We saw people engaged in a reminiscence session and were discussing old television series' and talking about important events. There was a lot of laughter and people appeared to enjoy the stimulation. The activity co-ordinator enabled people to spark conversations with one another. One person told us, "There are quite a few activities going on. We had two men in yesterday singing and playing the organ. You don't have to join in, sometimes I stay in my room and watch sport, but it's nice to mix with the girls". Another person said, "Yesterday's activity was the best show ever. There's usually stuff to do, otherwise you can stay in your room or come and watch the telly. I'm am bit of a loner and often keep myself to myself".

The service ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. We saw that the activities co-ordinator set aside time to visit people who stayed in their rooms on a one to one basis. They told us, "I will sit and chat in their rooms and sometimes take shopping orders that I go and get for them, like nail varnish and sweets and the like. There is one resident who stays in their room and really likes history, so I make sure I've got things to talk about that interest him". The activities co-ordinator also recorded the activities that people attended and gained their feedback, to assist with planning future activities that were relevant and popular. They added, "I treat people like the adults they are and plan the activities that adults would want to do. We always ask what they want to do".

The service supported people to maintain their hobbies and interests, for example two people were sports fans and often watched tennis and rugby. Another person was a keen gardener and helped to maintain the flower beds at the service. A further person was supported to attend a hard of hearing club. The service also encouraged people to maintain relationships with their friends and families. The registered manager told us, "We have one resident who is supported to go back to where he lived prior to living here. He is well known in the area and likes to meet up with friends. We also support another person to meet up with their relative who lives in a care home nearby". A member of staff also told us how one person liked to stay in their room, but would always come out and join in certain activities they were interested in. This member of staff made sure that they knew when the preferred activities were going ahead, so that they could inform the person beforehand.

We saw that people's needs were assessed and plans of care were developed to meet those needs, in a structured and consistent manner. People confirmed they were involved in the formation of the initial care plans and were subsequently asked if they would like to be involved in any care plan reviews. Care plans contained personal information, which recorded details about them and their life. This information had been drawn together by the person, their family and staff. Staff told us they knew people well and had a good understanding of their family history, individual personality, interests and preferences, which enabled them to engage effectively and provide meaningful, person centred care.

Each section of the care plan was relevant to the person and their needs. Areas covered included; mobility, nutrition, daily life, emotional support, continence and personal care. Information was also clearly documented regarding people's healthcare needs and the support required to manage and maintain those needs. A profile was available which included an overview of the person's needs, how best to the support the person and what is important to that individual. Care plans contained detailed information on the person's likes, dislikes and daily routine with clear guidance for staff on how best to support that individual. Staff demonstrated a good awareness of people and also how living with chronic conditions or dementia could affect people's wellbeing. The individualised approach to people's needs meant that staff provided flexible and responsive care, recognising that people, including those living with dementia could still live a happy and active life.

Good

Is the service responsive?

People knew how to make a complaint and told us that they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed by the manager. One person told us, "I'd go to the manager with any problems, she sorts everything out. I had a moan about the laundry and it was done". Records showed that comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. For example, in light of a complaint a reminder was given to staff to ensure they carry out and document regular observations when people are poorly. Staff told us they would support people to complain. The procedure for raising and investigating complaints was available for people. We saw that feedback from complaints was analysed in order to identify any trends and to improve the service delivered.

There were systems and processes in place to consult with people, relatives, staff and healthcare professionals. Regular meetings and satisfaction surveys were carried out, providing the registered manager with a mechanism for monitoring people's satisfaction with the service provided. Feedback from the surveys was on the whole positive, and following suggestions from residents at a meeting, changes were made to the menu and activities on offer.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and felt the service was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, "It's managed very well, there's always somebody looking after you. I know I can speak to the manager if I've got any problems". Another person added, "As far as I'm concerned it's well run. In fact it's a delight, we're never short of anything, and if I ask, I get it". A further person added, "Those in charge do it very lightly, it hardly seems like anyone is in charge. I mean this as a good thing, it's like a home".

People were actively involved in developing the service. We were told that people gave feedback about staff and the service, and that residents' meetings also took place. We saw that people had been involved in choosing new bedding and their preferences and choices of colours had been respected. Feedback from people resulted in the introduction of a 'sweet trolley' which had proved very popular.

We discussed the culture and ethos of the service with the registered manager and staff. They told us, "This is a home from home for people. I opened this home from empty and it has become friendly and inviting. We encourage residents to do the things they enjoy. If somebody has to leave their home to come here, we want them to know that this is still their home". A member of staff said, "This is a nice home and the people are very well cared for". In respect to staff, the registered manager added, "I have good staff in the home. Listen, if you're fair with your staff and listen to them, they will work well. I'm transparent, what you see is what you get". Staff said they felt well supported within their roles and described an 'open door' management approach. One said, "I am supported in my role, I know that I can raise any concerns and ask any questions". Another said, "The manager is hands on and gives us advice". A further member of staff added, "The management is good".

Staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. The registered manager told us, "We are open and flexible. The staff are encouraged to give feedback. My office door is always open and I'm always available to staff either informally, or through supervision and meetings. I'm 100% confident staff would raise any concerns or ideas". They added, "We instil accountability into the staff and they know their responsibilities". A member of staff said, "I feel really supported and I understand my responsibilities, plus I can always ask if I have a problem". Another said, "Whenever I ask any questions, I always get a response".

Management was visible within the service and the registered manager took a hands on approach. The registered manager told us, "I observe the staff regularly and we can pre-empt any problems, but I will also feedback any compliments or areas of good work to them". The service had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. Staff commented that they all worked together and approached concerns as a team. One member of staff said, "The residents really appreciate us and are happy with what we do. I think we're all doing really well". Another said, "I'm happy at Summer Lodge, it's a good place".

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. For example, after one incident, changes were made to a person's falls risk assessment, and a referral was made to the local falls prevention team. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that managers would support them to do this in line with the provider's policy. We were told that whistle blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included health and safety, medication and infection control. The results of which were analysed in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered.

The registered manager informed us that they were supported by the provider and attended regular

Good

Is the service well-led?

management meetings to discuss areas of improvement for the service, review any new legislation and to discuss good practice guidelines within the sector. Up to date sector specific information was also made available for staff, including guidance around moving and handling techniques, skin care, and updates on available training from the Local Authority. We saw that the service also liaised regularly with the Local Authority and Clinical Commissioning Group (CCG) in order to share information and learning around local issues and best practice in care delivery.