Care Quality Commission

Charing Vale Limited

The Vale Residential Care Home

Inspection report

191 Willington Street
Maidstone
Kent
ME15 8ED
Tel: 01622 859230
Website: www.charinghealthcare.co.uk

Date of inspection visit: 12 November 2015.
Date of publication: 23/12/2015

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

The inspection was carried out on 12 November 2015 and was unannounced.

The home provided residential accommodation and personal care for older people living with dementia. The accommodation was provided over three floors. A lift and stair lift was provided for people to move between floors. There were 26 people living in the home when we inspected.

There was a registered manager employed at the home. 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 home is run.

Summary of findings

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Restrictions imposed on people were only considered after their ability to make individual decisions had been assessed as required under the Mental Capacity Act (2005) Code of Practice. The registered manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded.

Prior to this inspection we received information of concern about the management of medicines and the management of training. These concerns could not be corroborated at this inspection.

There were policies and a procedure in place for the safe administration of medicines. Staff followed these policies and had been trained to administer medicines safely.

New staff received an induction and training was on going and planned in advance. Supervisions and appraisals for staff were taking place in line with the providers policy.

We observed people who looked relaxed and safe. Relatives told us that their loved ones were well cared for and safe in the home. Staff had received training about protecting people from abuse. Staff understood their responsibilities to protect people from harm. The management team had access to and understood the safeguarding policies of the local authority and followed the safeguarding processes.

Recruitment policies were in place. Safe recruitment practices had been followed before staff started working in the home. The registered manager ensured that they employed enough staff to meet people's assessed needs. Staffing levels were kept under constant review as people's needs changed.

People had access to GPs and their health and wellbeing was supported by prompt referrals and access to medical care if they became unwell and additional care from community nursing teams.

The registered manager and care staff used their experience and knowledge of people's needs to assess how they planned people's care to maintain their safety, health and wellbeing. Risks were assessed and management plans implemented by staff to protect people from harm.

Incidents and accidents were recorded and checked by the registered manager to see what steps could be taken to prevent these happening again. The risk in the home was assessed and the steps to be taken to minimise them were understood by staff.

Managers ensured that they had planned for foreseeable emergencies, so that should they happen people's care needs would continue to be met. The premises and equipment were maintained to keep people safe.

People and their relatives described a home that was welcoming and friendly. Staff were upbeat and happily provided friendly compassionate care and support. People were encouraged to get involved in how their care was planned and delivered. The care planning systems in the home took account of people's independence and rights to make choices.

The registered manager involved people and relatives where appropriate in planning their care by assessing their needs and asking them about their lives and histories. This helped staff deliver care to people as individuals. After people moved into the home they were asked on a regular basis about their experiences of the care they received. Each person had a key worker and we observed that staff knew people well.

Supported by the registered manager and staff, people benefited from a highly motivated and creative activities lead who promoted individualised and group activities we observed people enjoying.

The registered manager and staff understood the challenges people faced from their dementia. They demonstrated a commitment to work with other health and social care professionals and do all they could to work through some of the issues people faced. Staff encouraged and supported people to maintain their health by ensuring people had enough to eat and drink.

If people complained they were listened to and the registered manager made changes or suggested solutions that people were happy with. The actions taken were fed back to people.

The home was well led by an experienced registered manager. The registered manager had a wider management support network so that they could keep

Summary of findings

up to date with best practice in social care. Staff and relatives told us that managers were approachable and listened to their views. The registered manager and other senior managers provided good leadership.

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?
The service was safe.

Staff knew what they should do to identify and raise safeguarding concerns. The registered manager acted on safeguarding concerns and notified the appropriate agencies.

There were sufficient staff to meet people's needs. New staff were recruited using safe recruitment procedures and risks were assessed. Medicines were managed and administered safely.

Incidents and accidents were recorded and monitored to reduce risk. The premises and equipment were maintained to protect people from harm and minimise the risk of accidents.

Good

Is the service effective?
The service was effective.

People were cared for by staff who knew their needs well. Staff understood their responsibility to help people maintain their health and wellbeing. Staff encouraged people to eat and drink enough.

Staff met with their managers to discuss their work performance and each member of staff had attained the skills they required to carry out their role.

Staff received an induction and on-going training. They were supported to carry out their roles well. The Mental Capacity Act and Deprivation of Liberty Safeguards were followed by staff.

Good

Is the service caring?
The service was caring.

People had forged good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals and able to make choices about their care.

People had been involved in planning their care and their views were taken into account.

Good

Is the service responsive?
The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. Activities were individualised and based on people's life histories and choice.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. People accessed urgent medical attention or referrals to health care specialists when needed.

People were encouraged to raise any issues they were unhappy about and the registered manager listened to people's concerns.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

There were clear structures in place to audit, monitor and review the risks that may present themselves as the care was delivered. Actions were taken to keep people safe from harm.

The provider and registered manager promoted person centred values within the home. People were asked their views about the quality of all aspects of the care they received.

Staff were informed and enthusiastic about delivering quality care. They were supported to do this on a day-to-day basis by leaders in the home.

The Vale Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 12 November 2015 and was unannounced. The inspection team consisted of one inspector and one expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the home, which the provider is required to tell us by law. Prior to this inspection, we received information of concern about the management of medicines and the management of training in the home.

Not all of the people at The Vale were able to tell us about their experiences. Therefore, we spent time observing care and how staff communicated with people so that we could understand people's experiences.

We spoke with nine people and five relatives about their experience of the home. We spoke with ten staff including the registered manager, one senior care worker, seven care staff and one cleaner. We observed the care provided to people who were unable to tell us about their experiences.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at five people's care files, ten staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 5 February 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Good

Is the service safe?

Our findings

We saw people smiling when staff spoke to them, we observed that people were relaxed and comfortable with staff when care was delivered. Relatives we talked with had no concerns about people's safety. One relative had visited her Mum almost every day for two years and had never seen or heard anything other than safe care.

People were protected from harm by staff who were trained and understood how to safeguard people. The provider had policies about safeguarding people and about protecting people from the risk of foreseeable emergencies, such as power failure so that safe care could continue. For example, arrangements were in place for people to be evacuated to another nearby care home. The registered manager had an out of hours on call system, which enabled serious incidents affecting people's care to be dealt with at any time.

The registered manager understood how to protect people by reporting concerns they had to the local authority and taking action in protecting people from harm. Staff spoke confidently about their understanding of keeping people safe. They understood the providers safeguarding policy. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. One member of staff gave us an example of reporting concerns to the registered manager. They told us the registered manger had taken their concerns very seriously. We saw records of the investigations, the reporting of concerns to the local authority and actions the registered manager had taken to safeguard people.

People who faced additional risks if they needed to evacuate had an emergency evacuation plan written to meet their needs. Staff received training in how to respond to emergencies and fire practice drills were in operation. Records of fire drills and test were kept showing these happened on a regular basis.

The risk people faced as individuals and from the environment had been assessed to protect them from harm. As soon as people started to receive care, risk assessments were completed by staff. All of the risk assessments we looked at had been reviewed within the last twelve months. Staff we spoke with were clear about who was responsible for keeping risk assessments up to date.

People had been assessed to see if they were at any risk from falls, or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people's care plan files.

Incidents and accidents were investigated by the registered manager to make sure that responses were effective and to see if any changes could be made to prevent incidents happening again. For example, the registered manager looked out for trends or recurrences of incidents so that appropriate referrals could be made to other health and social care professionals, like the community falls or mental health team. Records we saw demonstrated that the risk to people were re-assessed and recorded after any accidents or incidents.

People were cared for in a safe environment and staff were trained to move people safely. Equipment was serviced and staff were trained how to use it. We observed staff proving safe care if people had difficulty walking. Moving and handling training was completed by staff. The premises were designed for people's needs, with signage that was easy to understand.

The premises were maintained to protect people's safety. There were adaptations within the premises like ramps to reduce the risk of people falling or tripping. A hoist was available for emergencies, for example if people fell and needed help to get up. Parts of the home's decoration were dated, but we saw that the registered manager had a plan in place to improve this. In one part of the home we encountered an unpleasant smell. We spoke to the registered manager about this. They showed us information about the steps they were taking to try and resolve the issue in a caring and ethical manner, which included daily deep cleaning of the areas affected. Cleaning staff confirmed that they deep cleaned the area daily and we saw this had been completed by 11 am.

People were protected from the risk of receiving care from unsuitable staff. The registered manager followed a policy, which addressed all of the things they needed to consider when recruiting a new employee. Records confirmed that staff recruitment followed the providers policy. Staff had been through an interview and selection process.

Good

Is the service safe?

Applicants for jobs had completed application forms and been interviewed for roles within the home. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions, or if they were barred from working with people who needed safeguarding.

Staffing levels were planned to meet people's needs. The rota showed staff being deployed flexibly and at times where they were most effective. For example, more staff were available at meal times and when people needed more support with personal care in the morning and late evening. In addition to the registered manager and head of care there were five staff available to deliver care during the day. At night there were three staff delivering care. We observed staff were on hand to provide care and meet people's needs. Staff and relatives told us there were enough staff. Activities, cleaning, maintenance and cooking were carried out by other staff so that staff employed in delivering care were always available to people. Staff absences were covered within the existing staff team whenever possible or there were agency staff back up services. This ensured that staffing levels were maintained in a consistent way.

Before our inspection we received information of concern about the management of medicines. However, we found that staff understood how to keep people safe when administering medicines. Medicines were available to administer to people as prescribed and required by their doctor. The provider's policies set out how medicines should be administered safely by staff. The registered manager checked staff competence, as they observed staff administering medicines ensuring staff followed the medicines policy. Records showed, and staff confirmed that medicines training and competency checks had taken place. We observed staff administering medicines safely. Staff administering medicines did this uninterrupted, as other staff were on hand to meet people's needs. Staff knew how to respond when a person did not wish to take their medicine.

The medication administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking of medicines, which showed that the medicine had been administered and signed for by the staff on shift. Medicines were correctly booked in to the home, stored and when required disposed of by staff in line with the homes procedures and policy. Medicines were stored securely at the right temperatures to prevent them from becoming less effective. Temperatures were recorded and monitored. Medicines systems were regularly audited by senior managers. Issues from audits were recoded and as were the actions taken.

Good

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. Relatives spoke highly of the staff who met their loved ones needs well. We observed staff delivering care and support and they were competent in their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The registered manager understood when an application should be made and how to submit them. Care plan records demonstrated DoLS applications had been made to the local authority supervisory body in line with agreed processes. This ensured that people were not unlawfully restricted.

People were protected by staff who were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). MCA assessments were in people's care plans demonstrating if they had capacity to make decisions about their everyday care, like taking medicines or receiving assistance with personal hygiene. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. These decisions included do not attempt cardio pulmonary resuscitation (DNACPR) forms, and showed that relevant people, such as social and health care professionals and people's relatives had been involved. Records demonstrated that relatives had been involved in meetings and discussions about how best their loved ones should be cared for.

People were protected from poor health through not eating and drinking enough. People were given choices about the food and we observed people eating and drinking well. There was very little food waste at lunch time, which indicted that people liked the food they had been given. People could get snack foods and drinks at night and between meals if they were hungry or thirsty. Menus were varied and seasonal, they were planned to provide a balanced and nutritious diet for people. Records showed people could choose foods that were not on the planned menu or that differed from their original choice. For example, people who chose not to eat their meal had eaten toast or sandwiches. Staff noted when people were not hungry and food was kept so that it could be offered gain later. At lunch time staff were assigned to people for 1-1 support where safety and welfare was prioritised so that good support could be given. This supported people with eating, with staff often cutting up food or assisting people to eat.

People at risk of dehydration or malnutrition were appropriately assessed. People who were at risk of choking had also been assessed. Daily records showed food and fluid intake was monitored and recorded. Care plans included eating and drinking assessments. Care plans detailed people's food preferences and allergies.

Before our inspection we received information of concern about training. However, we found that people received care from staff who were trained and supervised. Systems were in place to ensure staff received regular training, could achieve recognised qualifications and were supported to improve their practice. Training provided staff with the knowledge and skills to understand and meet the needs of the people they supported and cared for. For example, staff received dementia awareness training.

New staff inductions followed nationally recognised standards in social care. Staff told us the training and induction provided ensured that they were able to deliver care and support to people appropriately.

Staff were provided with one to one supervision meetings as well as staff meetings and annual appraisal. These were planned in advance by the registered manager and were fully recorded. Staff told us that in meetings or supervisions they could bring up any concerns they had. They said they found supervisions useful and that it helped them improve their performance. Staff and supervision records, confirmed staff were able to discuss any concerns they had regarding care and welfare issues for people living at the home.

Staff had received training in relation to caring for people with behaviours that may cause harm to themselves or others so that should any issues arise they could respond appropriately. We observed staff using their training to de-escalate situations when people became agitated or anxious. For example one person started shouting, staff distracted them by offering a glass of water which calmed them down. We observed staff supporting each other when people became agitated. Staff stayed calm and respectful at all times. Taking these preventative measures stopped people's behaviours from causing harm.

Good

Is the service effective?

People's health needs were met and where they required the support of healthcare professionals, this was provided. People accessed support from the chiropodist, the GP, the community nurse and a community psychiatric nurse.

Records showed that people, with consent, had received the flu jab and other health checks carried out by community nurses, such as blood pressure checks. This protected people's health and wellbeing.

Good

Is the service caring?

Our findings

People told us The Vale was 'Lovely' and people smiled when we asked them if they were comfortable and safe. We observed staff who were friendly and genuinely caring towards people at The Vale. Staff we spoke with had the right attitude to care and were committed to delivering compassionate care. A relative said, "The staff are caring, patient and respectful".

Relatives were made to feel welcome and could sit with people and chat in either the lounge, conservatory or a quiet room. They were all pleased with staff and management communication and felt their family members were safe. Relatives said, "We actually enjoy our visits, the staff make a fuss of us too, and it's very re-assuring to know she is so well cared for".

We observed that staff were polite and cheerful. Staff took the time to understand how dementia or other conditions affected people. Staff got to know people as individuals, so that people felt comfortable with staff they knew well. Staff were aware of people's preferences when providing care. The records we reviewed contained detailed information about people's likes and dislikes and preferred names. We heard staff addressing people by their preferred names.

Staff spent time talking with people. We observed a member of staff listening to a person telling them about their family and social history. People were able to personalise their rooms as they wished. They were able to bring personal items with them. People had personalised signage on the outside of their bedroom doors or memory joggers to help them identify their room.

We observed that staff knocked on people's doors before entering to give care. Staff described the steps they took to preserve people's privacy and dignity in the home. People were able to state whether they preferred to be cared for by all male or all female staff and this was recorded in their care plans and respected by staff.

Staff operated a key worker system. This enabled people to build relationships and trust with familiar staff. (A key worker was a member of the staff team who worked with individual people, built up trust with the person and met with people to discuss their care.) They took responsibility for ensuring that people for whom they were key worker had up to date care plans and liaised with their families if necessary.

People had choices in relation to their care. Where appropriate, staff encouraged people to do things for themselves and stay independent. This was recorded in people's care plans and staff told us they followed this. Staff closed curtains and bedroom doors before giving personal care to protect people's privacy. Staff we spoke with understood their responsibilities for preserving people's independence, privacy and dignity and could describe the steps they would take to do this. Information about people was kept securely in the office and the access was restricted to senior staff. When staff completed paperwork they kept this confidential.

The atmosphere in the home was relaxed. There were quiet areas people could go to if they wished to sit away from others. For example, one person had chosen to sit on their own at a table outside the dining room. They told us they wanted to sit there and we observed that staff spoke to them regularity and they were not left in isolation. Staff acted quickly when people called them. We observed staff speaking to people in a soft tone; they did not try to rush people.

People and their relatives had been asked about their views and experiences of using the home. We found that the registered manager used a range of methods to collect feedback from people. There were residents and relatives meetings at which people had been kept updated about new developments in the home.

We found that the results of the surveys/questionnaires were analysed by the provider. Information about people's comments and opinions of the home, plus the providers responses were made available to people and their relatives. This kept people involved and up to date with developments and events within the home and showed they could influence decisions the provider had made. We found that the results of the surveys were analysed and the results fed back to people.

The provider had a policy about record keeping and confidentiality. Staff followed the policy, records about people could only be accessed by authorised staff.

Good

Is the service responsive?

Our findings

Relatives told us the registered manager was responsive when they raised concerns about their loved ones care. One relative said, "I had concerns that my Mum was not able to chew food as well as she had in the past. I spoke to the manager and she immediately referred Mum to the speech and language team for an eating assessment. In the mean time staff have been cutting Mums food up to make it more manageable for Mum to eat."

We observed people smiling and participating in group and induvial activities. Resources were made available to facilitate a range other activities. This promoted an enhanced sense of wellbeing, with staff responding to people's social needs. One person we spoke with was folding napkins ready for the diner tables and they told us they were pleased to do this. Other people listened to music, did puzzles, read newspapers or chatted with staff about their lives. The activities coordinator told us, "We help people complete life histories and I pick out things that people liked doing". A relative said, "I have been very impressed by the activities. They are diverse and stimulating for people and the staff doing them are happy and buzzing". A monthly newsletter about activities was available which included pictures of events. We observed that people were engaged with activities. A pre-organised afternoon tea took place during our inspection. This was popular and well attended by people and their relatives.

People's needs had been fully assessed and care plans had been developed on an individual basis. Before people moved into the home an assessment of their needs had been completed to confirm that the home was suited to the person's needs. Assessments and care plans were well written, detailed and reflected people's choices. Care planning happened as a priority when someone moved in, so that staff understood people's care needs. Staff told us that the care plans were good and provided them with the information they needed to deliver care.

Staff consulted people's care plans and were aware of, and responded to people as individuals. The care plan for each person had been reviewed every six months or as soon as people's needs changed. The plans had been updated to reflect these changes to ensure continuity of their care and support. This had been completed when people's medicines or health had changed. Staff knew about the changes straight away because the management verbally informed them as well as updating the records. The staff then adapted how they supported people to make sure they provided the most appropriate care. People had chosen pictures to identify their bedrooms and these served as a reminder to people which room was theirs and assisted people to move around the home independently.

Photographs were taken as a permanent reminder for people of the activities they had participated in. Comments in care plans showed this process was on-going to help ensure people received the support they wanted. Family members were kept up to date with any changes to their relative's needs.

The registered manager and staff worked hard to respond to people's changing needs. As people's dementia worsened they made changes to keep people comfortable. For example, a person could not sleep at night so after discussion and agreement with all concerned the person moved rooms. This made them feel safer and more relaxed so they now sleep better. If people's needs could no longer be met by staff, the registered manager worked with the local care management team to enable people to move to more appropriate services. For example, nursing care.

The registered manager sought advice from health and social care professionals when people's needs changed. Records of multi-disciplinary team input had been documented in care plans for Speech and Language Therapist, Continence Nurses and District Nurses. Medicines were regularity reviewed by people's GP. Staff followed guidance and recommendations made by health and social care professionals. This meant that there was continuity in the way people's health and wellbeing were managed.

The registered manager and staff responded quickly to maintain people's health and wellbeing. Staff had arranged appointment's with GP's when people were unwell. Staff had called the emergency services in response to people falling or being unwell. This showed that staff were responsive to maintaining people's health and wellbeing.

The staff and registered manager took account of people's complaints, comments and suggestions. The provider had a policy about how people could complain and an easy to read summary of this was displayed for people to see. A picture and contact details of the Director of Care and Operations was displayed so that people knew who to contact if they had any concerns.

Good

Is the service responsive?

No complaints had been received about the home recently. However, we could see that older complaints had been dealt with to people's satisfaction. The registered manager had followed the providers complaints policy and investigated complaints, recoded responses in writing and kept a log of complaints for audit purposes. Complaints were logged onto a system which could be checked by people working at head office. This ensured that complaints were responded to by the right people within the organisation. People could attend meetings in the home where they could talk about any concerns or complaints they had about the care.

Relatives spoken with said they were happy to raise any concerns. They told us that the registered manager was very approachable. The registered manager always tried to improve people's experiences of the care by asking for and responding to feedback.

Good

Is the service well-led?

Our findings

The home was led by a stable and consistent management team. Managers were well known by people and passionate about delivering person centred care. We observed them being greeted with smiles and they knew the names of people or their relatives when they spoke to them. The registered manager had been in post for nine years. They had continued their professional development and held an enhanced management qualification. The head of care was experienced in social care and had worked at the home for eight years.

The aims and objectives of the home were set out and the registered manager of the home was able to follow these. For example, staff had a clear understanding of what they could provide to people in the way of care and meeting their dementia needs. Staff told us how their behaviours and attitude were discussed with their manager to ensure they delivered the best care possible. This was an important consideration and demonstrated people were respected by the registered manager and provider.

Managers were committed to making the home a good place for staff to work in and they promoted good communication within the team. The registered manager was very "hands-on" and was well respected by people and visitors, who had good things to say about her. She communicated freely with staff and seemed at ease, staff were happy to engage with her. Staff could receive an outstanding service award and this was advertised within the home. Staff told us they enjoyed their jobs. New staff told us they were made to feel part of the team from the day they started. Staff felt they were listened to, they were positive about the management team in the home. Staff spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents in the home. One member of staff said, "People get the care they need from motivated staff, the manager listens to us and we support each other as a team". Other staff told us their experiences were similar and they confirmed they attended team meetings. The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the home.

There were a range of policies and procedures governing how the home needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the home. Staff told us they were aware of the policies.

Audits within the home were regular, responsive and drove improvement. Senior staff carried out daily health and safety check walk rounds in the home and these were recorded. Audits clearly identified improvements needed and these were recorded. We saw examples of the actions the registered manager had taken in response to the audit that took place in September 2015. For example, more staff needed training in the techniques to manage challenging behaviours and general risk assessments in the home needed updating. We saw that more training for staff had been organised and that the general risk assessments had been updated. This showed that audits were effective and covered every aspect of the services provided at the home.

Managers from outside of the home came in to review the quality and performance of the staff. They checked that risk assessments, care plans and other systems in the service were reviewed and up to date. All of the areas of risk in the service were covered; staff told us they practiced fire evacuations.

People were protected from risk within the environment and from faulty equipment. Staff reported maintenance issues promptly and these were recorded. Maintenance staff ensured that repairs were carried out safely and signed off works after these had been completed. Records showed that repairs were carried out soon after the issues had been reported.

Other environmental matters were monitored to protect people's health and wellbeing. These included legionella risk assessments and water temperatures checks, ensuring that people were protected from water borne illnesses. Firefighting equipment and systems were tested as were hoist and the lift and gas systems. The maintenance team kept records of checks they made so that these areas could be audited.

The registered manager produced development plans showing what improvements they intended to make. These plans included improvements to the premises. The registered manager was part of a managers mentoring group, they were able to meet with other key people in the provider organisation and registered managers from other homes to talk through any issues they may have. The

Good

Is the service well-led?

minutes of these meetings were available to us and demonstrated knowledge sharing. This promoted support for the registered manager and enabled them to gain knowledge of best practice or share knowledge with others.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the home. We saw that they attended meetings with the local authority about safeguarding matters and carried about investigations into allegations of staff misconduct and took appropriate action to keep people safe. This ensured that people and staff could raise issues about safety and the right actions would be taken.

Senior managers at head office were kept informed of issues that related to people's health and welfare and they checked to make sure that these issues were being addressed. There were systems in place to escalate serious complaints to the highest levels within the organisation so that they were dealt with to people's satisfaction.