

# Shakti Lodge Limited

# Shakti 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 ●

# Summary of findings

## Overall summary

The inspection was carried out over two days on 17 and 20 January 2017. On 17 January the inspection was unannounced. We returned to complete the inspection on the 20 January 2017, this visit was announced.

Shakti Lodge provides accommodation for up to 26 people who need accommodation with personal care. However, the home currently does have rooms that are for two people which are being used as single rooms. This therefore means the total occupancy level available at present is 21. The acting manager told us that they would only use the double rooms for a married couple if requested. Communal areas, such as the lounge and dining room are on the ground floor with a few bedrooms. Bedrooms are mainly found on the first floor and are accessed by stairs and/or a passenger lift. There was a garden to the rear of the building which had been developed as an accessible space for people to use during the better weather. At the time of our visit, 16 people lived in the home. People had a variety of complex needs including dementia, physical health needs and mobility difficulties.

At the previous inspection on 16 and 17 May 2016, we identified three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The breaches were in relation to ensuring that people received appropriate person centred care that met their needs and reflected their preferences; failure to monitor the risk to people who may present with malnutrition; failure to reduce the risk of cross infection; ensuring that medicines were managed properly; and not operating effective auditing systems. The provider sent us an action plan telling us what steps they would be taking to remedy the breaches in Regulations we had identified. At this inspection we checked they had implemented the changes.

At the previous inspection on 16 and 17 May 2016, we also made four recommendations to assist the provider to make improvements to the service provided. These recommendations were in relation to seeking advice on how to keep people safe while awaiting further employment information; putting a system in place to monitor and ensure that people eat and drink enough through the day, to maintain their health and wellbeing; training staff about how to communicate with people in a way that protects their dignity, shows respect, and to put a system in place that makes sure that people's interests and hobbies inform the activity plan either in group activities and one to one time.

At this inspection we found improvements had been made.

There was no registered manager employed at the service as the registered manager had recently resigned. 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. The deputy manager had stepped up and was currently the acting manager. Following the inspection we were informed that the acting manager had been successful at interview and would be applying to the commission to be the registered manager.

The staff knew their responsibility regarding reporting any safeguarding issues and made sure that safeguarding alerts were raised with other agencies. All of the people who were able to speak with us said that they felt safe in the home; and said that if they had any concerns they were confident these would be quickly addressed by the acting manager.

The home had risk assessments in place to identify risks that may be involved when meeting people's needs. These risk assessments showed ways that these risks could be reduced.

Medicines had been administered following the provider's medicines policy and following good practice guidance. Medicines records were accurate and complete. There were no 'homely remedies' held in stock. We made a recommendation about this.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks and now also included a record of explanation for any gaps in employment, prior to staff starting work.

Staff were receiving supervision which had been planned to make sure staff received support on a regular basis.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. 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 area manager and acting manager understood when an application should be made. Decisions people made about their care or medical treatment were dealt with lawfully and fully recorded. The acting manager knew to let CQC know about other events such as safeguarding concerns and deaths. There were procedures in place and guidance was clear in relation to the Mental Capacity Act 2005 (MCA), which included steps that staff should take to comply with legal requirements. Staff had a good understanding of the MCA 2005 to enable them to protect people's rights.

Food surveys had recently been completed in order for the menus to reflect people's food preferences. The menus offered variety and choice. They provided people with nutritious and a well-balanced diet. The cook prepared meals to meet people's specialist dietary needs. We found staff recorded some of what people ate and drunk in the daily notes.

Staff supported people with health care appointments and visits from health care professionals. The staff recorded the outcome of these visits. Care plans were being amended to show any changes and staff spoken with knew what care and support people were having.

We saw that there were activities planned during the week by the activity co-ordinator and staff. Regular entertainment was also provided by people coming in to the home for example exercises to music.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves, whilst allowing people time for the support they needed. Staff encouraged people to make their own choices and promoted their independence.

Complaints were managed in accordance with the provider's complaints policy a copy of the procedure was displayed in entrance to the home.

People's needs were fully assessed with them before they moved to the service to make sure that the service could meet their needs.

People spoke positively about the management team and staff. Staff understood their respective roles and responsibilities. Staff told us that the acting manager was very approachable and understanding.

There were systems in place to enable the acting manager to assess, monitor and improve the quality and safety of the service. The area manager was supporting the acting manager and carrying out regular audits to check how the home was run and the views of the people and staff.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People in the service were receiving their medicines as prescribed.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

Recruitment procedures were being followed.

Staff were knowledgeable in recognising signs of potential abuse. They understood the responsibility to report any suspicion of abuse.

### Is the service effective?

Good ●

The service was effective.

Staff were receiving supervision and were given the knowledge and skills to meet people's needs.

Staff were aware of the Mental Capacity Act 2005. Where people's freedom was restricted Deprivation of Liberties Safeguards were in place.

People received medical assistance from healthcare professionals when they needed it.

People were provided with a choice of nutritious food.

### Is the service caring?

Good ●

The service was caring.

People experienced care from staff who respected their privacy and dignity.

The acting manager and staff demonstrated caring, kind and compassionate attitudes towards people.

People were supported to maintain their independence and

choices were encouraged.

### **Is the service responsive?**

**Good** ●

The service was responsive.

The management team documented people's changing needs appropriately or renewed the care needs assessment.

Referrals to health care professional were made in a timely way.

People's needs had been fully assessed with them before they moved to the service to make sure that the staff could meet their needs.

The provider had a complaints procedure which was displayed in the home.

People's views were sort through annual surveys.

### **Is the service well-led?**

**Good** ●

The service was well led.

There were effective auditing systems in place to monitor and improve the quality of the service provided.

The home had an open and approachable management team.

Staff were supported to work in a transparent and open culture.

The staffing and management structure ensured that staff knew who they were accountable to.

# Shakti 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.

This inspection took place on 17 and 20 January 2017. The first day of the inspection was unannounced and the second day was announced. The inspection team consisted of one inspector.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place in the home, which the manager is required to tell us by law. We also looked at information we had received from the public and the local authority. We used all this information to decide which areas to focus on during our inspection.

We spoke with four people and two relatives at the time of the visit. We spoke with a third relative on the telephone following the inspection. We spoke with the area manager, the acting manager and eight staff. These included two senior carers, two carers, the activities co-ordinator, the cook, the domestic cleaner and the laundry person. We asked for feedback from three health and social care professionals involved in the commissioning of the service.

Most people who were living with dementia were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We observed staff interactions with people and observed care and support in communal areas.

We looked at records kept by the home these included three people's records, which included care assessments and plans, risk assessments and daily records. We looked at records that included staff records, a sample of audits, meeting minutes, policies and procedures. We also looked around the care home and the outside spaces available to people.

## Is the service safe?

### Our findings

People told us they felt safe receiving care from the staff at the service. They told us they had no cause for concern regarding their safety or the manner in which they were treated by staff. People said, "Yes, I feel safe here", and "I am happy and safe here". Relatives told us, "He is happy here that's the main thing", and "Pleased with it here, it is homely".

At our inspection on 16 and 17 May 2016, we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to manage medicines effectively; the provider had failed to reduce the risk of cross infection and the provider had failed to monitor the risk to people who may present with malnutrition. We also made a recommendation that the provider seeks advice on how to keep people safe while awaiting further employment information. At this inspection, we found the provider had made improvements by managing medicines effectively and as prescribed; cleaning schedules had been implemented and were being completed and a copy of the code of practice for health and social care on the prevention and control of infections and related guidance was available in the office; forms recording food and fluid intake were being completed for people at risk of malnutrition, and robust recruitment procedures were now in place.

We looked at the way medicines were stored. The medicines being administered daily were kept in a locked trolley which was secured to the wall when not in use. Other medicines were also kept securely in locked cupboards. We checked these medicines at random and found that the amounts in stock were correct.

Medicines had been given to people as prescribed. The service had medicines supplied by the local pharmacy in a pod system. This meant medicines that can be dispensed in this way are placed in sealed pods for each person for each required time during the day. These medicines were easily given to the person in its own container. Staff told us they had been trained to administer medicines and said they followed best practice guidance when administering medicines. Staff knew how people liked to take their medicines and medication administration records (MAR) confirmed that people received the medicines as prescribed. Staff were able to tell us what people's prescribed medicines were and knew where to find information about possible side effects. We saw that records of medicines given were complete and accurate. People were asked for their consent before they were given medicines and staff explained what the medicine was for.

The acting manager said that there were no 'homely remedy' medicines held in stock, such as cough mixture, or pain relief for a headache. Therefore, people may not be prescribed pain relief should they complain of a headache.

We recommend that the provider reviews protocols for the use of 'homely remedies' for people should they be required.

The premises looked clean and tidy and free from offensive odours. The area manager said that a deep clean had been undertaken following the last inspection. We spoke to the domestic person on duty; she explained that they have cleaning that is done on a daily basis. She told us that new cleaning schedules



were in place and she completed these when cleaning of an area was completed. We saw that the service now had a copy of the code of practice for health and adult social care on the prevention and control of infections and related guidance. Staff had received infection control training.

Each person's care plan contained individual risk assessments in which risks to their safety were identified such as falls and poor mobility. Guidance about any action staff needed to take to make sure people were protected from harm were included in the risk assessments. We found that work was still in progress as a new system of person centred care planning had been introduced. A nutritional tool had been used and any person at risk of malnutrition and dehydration had risk assessments in place and records of food and fluids being maintained.

Recruitment procedures were followed to make sure that only suitable staff were employed. Records showed that staff were vetted through the Disclosure and Barring Service (DBS) before they started work and records were kept of these checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Any gaps in people employment history were checked at interview. The acting manager said that references were obtained and staff told us that they had had to provide references before starting work.

There were enough staff to care for people safely and meet their needs. Staff responded to people quickly when they needed care which reduced the risk of people falling or becoming upset. There were enough staff available to walk with people using their walking frames if they were at risk of falls. The staff rotas showed there were enough staff on shift at all times. Staff told us if a member of staff telephones in sick, the person in charge would ring around the other members of staff to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice.

The provider had taken steps to protect people from abuse. There were systems in place to make sure that safeguarding alerts were raised with other agencies, such as the local authority safeguarding team. Staff told us they would tell the acting manager of any safeguarding issues. Staff told us that they had received safeguarding training at induction and we saw from the training records that all staff had completed safeguarding training within the last two years. The staff we spoke with were aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any suspicions of abuse that may occur.

Staff told us the acting manager would respond appropriately to any concerns. If the safeguarding was not dealt with appropriately staff knew who to report to outside of the organisation and gave the example of social services. Staff had access to the providers safeguarding and whistleblowing policy as well as the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries regarding colleagues. This showed that the provider had systems and processes in place that ensured the protection of people from abuse.

The premises were generally well maintained and suitable for people's needs. Fire extinguishers were maintained regularly. Records showed that emergency lighting had also been tested regularly. Fire alarm tests had been carried out. Records showed that fire drills were undertaken, however although there was a list of the staff that had attended there was no information about what action staff took at the time of the drill. Following the inspection the acting manager sent to us a copy of the record of a recent fire practice that took place following the inspection.

Peoples (PEEP) Personal Emergency Evacuation Plan was in place for all the people at the service. This is an individual plan for each person which gives staff and others the information about how they would need assisting to evacuate in an emergency. The acting manager also had agreement with venue locally where people could be evacuated too. The information was kept in a bag near the front entrance of the service. These are updated when people came into or leave the home; they are also checked each month to make sure they are up to date.

## Is the service effective?

### Our findings

People told us that they thought the staff were trained and able to meet their care needs. Feedback from people was positive, and people said, "I get on with all the staff, they are all very nice", "The food is good, we always have a choice", and "They (staff) get the doctor for me if I feel unwell". One relative said, "His needs are well met here".

At our inspection on 16 and 17 May 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to make sure people's care plans were up dated to ensure they received appropriate care regarding dehydration and malnutrition. At this inspection, we found the provider had made improvements by introducing person centred care plans, that included records in relation to eating and drinking enough, and risk assessments for any person at risk of dehydration and malnutrition.

People were supported to have a balanced diet. There were menus in place and new menus being prepared following a food survey undertaken by people living at the service. The menu gave people a variety of food they could choose from. The staff knew people well and asked if people had any special requests. Staff supported people to have hot and cold drinks throughout the day. People were offered choices of what they wanted to eat and records showed that there was a variety and choice of food provided. People were weighed regularly to make sure they maintained a healthy weight. Records of eating and drinking were now being maintained for any person who may be at risk of dehydration and malnutrition.

People had plans in place for meeting their health needs. They were supported to access health services including their GP, dentist, optician and chiropodist. Management and staff had a good understanding of people's health needs and had made referrals to health professionals where needed. Dentist, chiropodists and Opticians visited the home when necessary. Vaccination against influenza was carried out when people or their legal representatives had provided their consent. People's appointments with healthcare professionals were supported by staff when families were not able to or there were no family members.

We saw in relation to the Mental Capacity Act 2005 (MCA) that steps staff should take to comply with legal requirements were being taken. The acting manager knew how, when and by whom people's mental capacity should be assessed. Staff had attended Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. Staff evidenced that they had a good understanding of the MCA and DoLS. One staff member explained that every person has some capacity to make choices. They gave us examples of how they supported people who did not verbally communicate to make choices. They described how and why capacity was assessed, and were aware of the person who was subject to DoLS. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The acting manager understood when an application should be made and how to submit one and was aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The acting manager was aware that they should inform us as soon as an applications leads to a DoLS being confirmed in a person's best interest.

Staff said that they always asked for people's consent before carrying out personal care tasks or offering support. They said that if people declined their support that this was people's right and they respected their decision. We heard staff asking if people wanted to have support to eat. Staff acted on people's responses and respected people's wishes if they declined support. However, we found that written consent had not been obtained, for example in relation to care plans. The acting manager on the second day of the visit had started to obtain consent for care plans, the taking of photographs and the sharing of information with other professionals.

All staff completed necessary training as part of their probationary period. Staff told us that they were mentored by the acting manager to help them to complete their induction. Staff were confident that by the end of their induction period they had attained the skills and knowledge to be able to care for the people living in the home. These skills were built upon with further experience gained from working in the home, and through further training. Staff told us that their training had been planned and that they could request further specialist training if needed.

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people with who were living with dementia. Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification, candidates must prove that they have the competence to carry out their job to the required standard. This allowed management to ensure that all staff were working to the expected standards, caring for people effectively, and for staff to understand their roles and deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics, which included health and safety, fire safety, safeguarding and food hygiene. One member of staff told us that they had attended trainings to help them meet people's needs. These included, dementia care, food and nutrition and safeguarding training. This enables staff to improve on their skills and knowledge.

Staff told us they had opportunities to meet with the acting manager to discuss their work and performance. Staff also told us that they are observed giving care to people and they are spoken to afterwards about what they have done well and what needs to improve. Staff told us that supervisions with the acting manager were taking place regularly and staff said that they had had a yearly appraisal.

## Is the service caring?

### Our findings

People and their families we spoke with were satisfied with the quality of care they received and they found staff caring and respectful. People described the staff as very caring and flexible. People said, "The staff are all friendly", "I like the staff, they always provide support when needed", and "It is homely and friendly here". One relative said, "Always made to feel welcome. The staff are all friendly. Only good to say about them". Another relative said, "Very tender care, well looked after and well fed".

At our inspection on 16 and 17 May 2016, we made a recommendation that staff undertook training about how to communicate with people in a way that protects their dignity, and shows respect. At this inspection, we found all staff had undertaken communication training in how to communicate with people to ensure that they treated people in a dignified and respectful manner.

We observed that staff addressed people by their preferred names and gave them time to respond. They knocked on people's bedroom doors, announced themselves and waited before entering. People were supported to make sure they were appropriately dressed and that their clothing was arranged to ensure their dignity. Staff were seen to support people with their personal care, taking them to their bedroom or the toilet/bathroom if chosen. Staff provided clear explanations to people before they intervened, for example when people were helped to move from an armchair to their wheelchair using specialised equipment. Staff checked at each stage of the process that people were comfortable and knew what to expect next.

People were given choices. Staff checked with people if they wished to visit the toilets at regular intervals and offered to accompany them. We observed that staff were interested in what people had to say and were actively listening to them. The staff promoted independence and encouraged people to do as much as possible for themselves. We saw that one person decided that after staff supporting them to move, they did not wish to sit back in their armchair, and the staff listened to what the person said, and agreed to the person staying where they were.

People were involved in making some decisions on a day to day basis, such as what to eat and where and when to get up. We saw that staff asked people what they wanted to do with their time and did their best to accommodate their wishes. People were supported to attend a meeting where they had an opportunity to raise any concerns or make suggestions. Records showed that people met regularly and talked about what they would like to eat, and about activities. People could receive visitors when they wanted and could make use of the private visitor's room on the ground floor. Relatives told us they felt welcomed when they visited and had been involved in planning how they wanted their family member's care to be delivered.

People were able to choose where they spent their time, for example, in their bedroom or the communal areas. People were able to choose the décor for their rooms and could bring personal items with them. We saw people had personalised their bedrooms according to their individual choice.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating assessments as needed. The records of their care and support

showed that the care people received was consistent with the plans that they had been involved in reviewing.

Information about people was kept securely in the office. When staff completed paperwork they kept this confidential.

## Is the service responsive?

### Our findings

Staff told us that people received care or treatment when they needed it. People felt confident to make a complaint if they needed to. People told us they would speak to the manager.

At our inspection on 16 and 17 May 2016, we identified a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People may not have received the care and support they needed or that had been agreed. We also made a recommendation that a system be put in place to make sure that people's interests and hobbies inform the activity plan either in group activities and one to one time. At this inspection, we found the provider had made improvements by introducing person centred care plans, and changes to the activities programme had been started.

Care assessments were completed before people were admitted to the service to make sure the staff would be able to meet their care and support needs. The acting manager was in the process of implementing new person centred care plans. The care plans had been put together, and work was continuing to make sure that there was comprehensive information about how the needs of the person were to be met, and the support staff needed to provide to meet these needs. We still found that staff had been recording significant information in the home's handover book. This meant that although staff were generally aware of the information and changes, the care plans did not reflect the individual's up to date care needs. Following the inspection, the area manager confirmed to us that the handover process had been reviewed and implemented to ensure that all information was written in the person centred care plans.

Staff had access to the records they needed to care for people. They completed accurate records of the care delivered each day and ensured that records were stored securely. People knew they could see their care plan if they wished to.

People had opportunities to take part in activities and mental stimulation. There was an activities co-ordinator employed 5 days a week. Since the last inspection the activities co-ordinator was no longer working care shifts. The activities co-ordinator had started obtaining information about people's past hobbies and interests, in order to review the activity programme. The activities co-ordinator said that she had asked people what sort of things they liked to do, and the activities people took part in were recorded in the daily records. The new activity programme included external people visiting once a month. For example, on the second day of the inspection visit a themed cockney day took place, with a visiting pearly king singer, and themed food such as cockles and jellied eels, and fish shop fish and chips supper. We observed that people were smiling and participating in the themed day. People also said they enjoyed the armchair exercises, and a person came in regularly to provide this session. Other daily activities included bingo, quizzes, pampering session, arts and crafts and reminiscence. People's family and friends were able to visit at any time.

There was a policy about dealing with complaints that the staff and acting manager followed. This ensured that complaints would be responded to. Information about how to make complaints was displayed in the front entrance of the service for people to see, this gave appropriate information. People were given the

opportunity at regular reviews to raise any concerns they may have. Everyone we spoke with was happy with the idea of raising any concerns. Relatives told us they had no concerns. The acting manager said there had been no complaints made, but would ensure that any complaints were responded to in accordance with the policy. There was a mechanism for people higher up in the organisation who were not based at the service to get involved to try and resolve complaints. The acting manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. Relatives told us they knew how to raise any concerns and were confident that the acting manager would deal with them appropriately within a set timescale.



## Is the service well-led?

### Our findings

We asked people if they thought the service was well managed. One relative said, "Since the change in management, I have noticed a total improvement in the health and wellbeing of my Dad". Another relative said, "The acting manager has done a good job. I am confident if there was a problem that the acting manager and staff would sort it out".

At our inspection on 16 and 17 May 2016, we identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was compromising data protection in relation to records management and also failed to operate good governance systems. At this inspection, we found the provider had made improvements. The area manager and acting manager had worked hard to implement appropriate records management and monitoring systems

The company's mission statement says that they provide care environments full of warmth, love, and security. The provider, area manager and acting manager had a clear set of vision and values. The management team demonstrated their commitment to implementing these aims and objectives by putting people at the centre of the planning, delivery, maintaining and improvement of the service provided. From our observations and what people told us, it was indicated that these values were being cascaded to the staff. It was clear that they were committed to caring for people and responded to their individual needs. We noted that there was a very inclusive atmosphere with people chatting to each other and to staff. We saw staff engaging with people and they did not ignore people when they spoke to them even when they were busy.

Staff understood their roles and responsibilities and told us they worked well as a team. They were able to describe these well and were clear about their responsibilities to the people and to the management team.

The area manager was supporting the acting manager and also reviewed the quality and performance of the service. They checked that risk assessments, care plans and other system in the service were reviewed and up to date. All of the areas of risk in the service were covered. People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with the acting manager and staff. Relatives spoke highly of the acting manager and staff. We heard positive comments about how the service was run. They said the acting manager had an open door policy. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

The area manager and acting manager had put systems in place to review the quality of all aspects of the service. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, accidents and incidents, and care planning. There were a range of policies and procedures governing how the service 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 service.

Communication within the service was facilitated through regular team meetings. Minutes of staff meetings showed that staff were able to voice opinions. We asked staff on duty if they felt comfortable in doing so and they replied that they could contribute to meeting agendas and 'be heard', acknowledged and supported. Staff told us there was good communication between staff and the management team. The acting manager had consistently taken account of people's and staff's input in order to take actions to improve the care people were receiving.

The acting manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.

There were effective systems in place to manage risks to people's safety and welfare in the environment. The provider contracted with specialists companies to check the safety of equipment and installations such as gas, electrical systems, hoists and the adapted baths to make sure people were protected from harm.