Gungah Care Limited

Seathorne Court Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Summary of findings

Overall summary

We inspected the service on 27 November 2017. The inspection was unannounced. Seathorne Court Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Seathorne Court Residential Home is registered to provide accommodation and care for 18 older people. There were 15 people living in the service at the time of our inspection.

The service was run by a company who was the registered provider. 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. In this report when we speak about both the company and the registered manager we refer to them as being, 'the registered persons'.

At our last inspection on 8 December 2015 the service was rated, 'Good'.

At the present inspection the overall rating of the service remained, 'Good'. However, we rated our domain 'effective' as, 'Requires Improvement'. This was because we found that improvements were needed to ensure that all parts of the accommodation were designed, adapted and decorated to meet people's needs and expectations.

Our other findings were as follows. There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Most risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. In addition, most of the necessary arrangements had been made to ensure that medicines were managed safely. Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service and background checks had been completed before new care staff had been appointed. People had benefited from most of the necessary steps being taken to prevent and control infection and lessons had been learnt when things had gone wrong.

Suitable provision had been made to assess people's needs and choices so that care was provided to achieve effective outcomes. Although some care staff had not received all of the training the registered persons said they needed, in practice they knew how to care for people in the right way. This included supporting people if they became distressed.

People received the individual assistance they needed to enjoy their meals and they were helped to eat and drink enough to maintain a balanced diet. In addition, suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services.

Furthermore, people had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support.

People were supported to have maximum choice and control of their lives and nurses and care staff supported them in the least restrictive ways possible. The policies and systems in the service supported this practice.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. In addition, confidential information was kept private.

People received personalised care that was responsive to their needs. As part of this people had been offered opportunities to pursue their hobbies and interests. People's concerns and complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a positive culture in the service that was open, inclusive and focused upon achieving good outcomes for people. People benefited from there being a robust management framework that helped care staff to understand their responsibilities so that risks and regulatory requirements were met. In addition, the registered persons had taken suitable steps to ensure the financial sustainability of the service. In addition, the views of people who lived in the service, relatives and staff had been gathered and acted on to shape any improvements that were made.

Although quality checks had been completed some of them had not been sufficiently robust to quickly address shortfalls in the running of the service. However, good team work was promoted and care staff were supported to speak out if they had any concerns about people not being treated in the right way. In addition, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

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 remained, 'Good'.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Parts of the accommodation were not designed, adapted and decorated to meet people's needs and expectations.

Suitable provision had been made to assess people's needs and choices so that care was provided to achieve effective outcomes.

Although some care staff had not received all of the training they needed, in practice they knew how to care for people in the right way.

People had been supported to eat and drink enough to maintain a balanced diet.

There were suitable arrangements to ensure that people received coordinated and person-centred care when they used or moved between different services.

People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support.

Consent to care and treatment had been sought in line with legislation and guidance.

Is the service caring?

Good

The service remained, 'Good'.

Is the service responsive?

Good

The service remained, 'Good'.

Is the service well-led?

Good

The service remained, 'Good'.

Seathorne Court Residential 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 registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 27 November 2017 and the inspection was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using this type of service.

During the inspection we spoke with eleven people who lived in the service and with two relatives. We also spoke with five members of care staff, a housekeeper, the chef and the deputy manager. In addition, we met with the registered manager who was also one of the directors of the company who ran the service. We observed care that was provided in communal areas and looked at the care records for four people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 speak with us.

After our inspection visit we spoke by telephone with a further three relatives.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "It's good here. I've no complaints as the staff are very kind to me." Relatives were confident that their family members were safe. One of them remarked, "Yes, I'm very confident that my family member is safe and well in Seathorne Court. It's more like a big family than a care home as such."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. In addition, we noted that the registered persons had made suitable arrangements to support people who asked for help to manage their personal spending money. This included the registered manager keeping an accurate record of any money deposited with them for safe keeping and an account of any funds that were spent on someone's behalf. This arrangement contributed to protecting people from the risk of financial mistreatment.

We found that most risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. We saw that hot water was temperature controlled to reduce the risk of scalds. In addition, windows above the ground floor were fitted with safety bars to ensure that people only used them in a safe way. We also noted that there was a passenger lift and a stair lift. These gave step-free access throughout most of the accommodation to reduce the risk of falls.

However, we also noted that additional measures needed to be taken to address a number of hazards caused by defects in the accommodation. These included broken radiator guards that should have been securely fixed to the wall but which came loose as soon as they were touched. Another defect was a light switch that was broken and had sharp edges that were likely to catch people's fingers. In addition, we noted there to be an area of linoleum that had a hole in its surface which was a trip hazard. We raised these shortfalls with the registered manager who told us that the defects in question would immediately be addressed.

We saw that there was a positive approach to promoting informed risk taking so that people's freedom was respected. An example of this was the arrangements that care staff had made to support a person who liked to socialise in a nearby public house. These included care staff tactfully liaising with employees at the public house to ensure that the person could safely negotiate their journeys to and from the public house.

We saw that care staff were able to promote positive outcomes for people when they became distressed. We noted that when this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was worried because they could not recall where they had left their spectacles and suspected that someone had picked them up in error. We

heard a member of care staff gently reassuring the person that their spectacles were in the bedroom after which they went to fetch them. The person was pleased to be reunited with their spectacles, smiled and used them to read a magazine.

Most of the necessary arrangements were in place for safely managing people's medicines in line with national guidelines. There was a sufficient supply of medicines that were stored securely. The care staff who administered medicines had received training. In addition, we saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times.

However, we also noted that robust arrangements had not been made in relation to a medicine which was administered by a patch attached to a person's skin. When doing this it is important to vary the locations where the patches are placed so that there is less risk that a person's skin will become sore. We noted that care staff had not completed a record of where the patches had been used. This oversight had increased the risk that in error they would be applied to the same location. We raised our concern with the registered manager who took the necessary steps to address our concern before the end of our inspection visit.

The registered manager told us that they had carefully established how many care staff and other members of staff needed to be on duty. They said that they had taken into account the number of people living in the service and the care each person needed to receive. However, we were not able to fully validate how the calculations had been completed because the records were not sufficiently detailed. This reduced the assurance we could have that there were suitable arrangements in place to quickly adjust staffing levels if people's needs for assistance became more pronounced. We raised this oversight with the registered manager who told us that the record in question would be strengthened. They assured us that this would result in the record giving a detailed account of how the registered persons decided how many care staff needed to be on duty.

However, other records showed that sufficient care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum set by the registered persons. We also noted that during our inspection visit there were enough care staff on duty. This was because people promptly received all of the care they needed and wanted to receive.

We examined records of the background checks that the registered persons had completed when appointing two new members of care staff. We found that the registered persons had completed the necessary checks. These included obtaining a clearance from the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

Most of the necessary steps had been taken to prevent and control infection. This included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. We found that all parts of the accommodation had a fresh atmosphere and that equipment such as hoists were in good condition and were clean. In addition, we noted that soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, we saw that care staff recognised the importance of preventing cross infection. They were wearing clean uniforms and used antibacterial soap to regularly wash their hands.

However, we also noted that various defects in the accommodation had reduced the registered person's ability to consistently promote good standards of hygiene. In particular, we found examples of crudely

applied mastic around the edges of some baths and damaged fitments that did not have impervious washable surfaces that were easy to keep clean.

We found that the registered persons had ensured that lessons were learned and improvements made when things had gone wrong. Records showed that the registered manager had carefully analysed accidents and near misses so that they could establish how and why they had occurred. We also noted that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls.

Requires Improvement

Is the service effective?

Our findings

People were confident that care staff knew what they were doing and had their best interests at heart. One of them said, "The staff are very nice to me and they know what help I need and are happy to give it." Relatives were also confident about this matter with one of them remarking, "Although the building itself isn't posh, the staff are what make it. They make sure that everyone gets the assistance they need and they work together well as a team." Another relative told us, "Yes, the staff are absolutely lovely but some areas of the accommodation are a bit worn and probably need sprucing up a bit."

We found that most of people's individual needs were suitably met by the adaptation, design and decoration of the accommodation. There was sufficient communal space in the lounges and dining room. In addition, there were enough communal toilets and bathrooms. Furthermore, there was a suitable range of equipment to support people who experienced reduced mobility including wet rooms that were easy to access. In addition, most areas of the accommodation were comfortably furnished and had a homely appearance.

However, some areas were not well presented. We identified a number of window handles that had snapped off, could not be used and looked unsightly. In some of the bathrooms we found damaged wall finishes, broken fitments and unsealed wooden door surrounds. In addition, in some of the bedrooms the furniture was mismatched, chipped and damaged. We spoke with the registered manager about these defects and they assured us that plans were in place to address them. However, at the time of our inspection visit the defects in question unnecessarily detracted from the service's ability to fully provide people with a suitable setting in which to make their home.

We found that robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager carefully asking people if they had a preference about the gender of the care staff who provided them with close personal care.

Records showed that care staff had received introductory training before they provided people with care. Although records showed that care staff had not received some of the on-going training the registered persons said they needed to keep their knowledge and skills up to date, we found that in practice they knew how to care for people in the right way. An example of this was care staff knowing how to support people who lived with particular medical conditions. Other examples were care staff knowing how to correctly assist people who experienced reduced mobility, who were at risk of developing sore skin or who needed help to promote their continence.

People told us that they enjoyed their meals. One of them remarked, "We've got a brilliant chef! The food is

very good and we get plenty of it." We were present at lunch time and we noted that the meal time was a relaxed and pleasant occasion. The dining tables were attractively laid with individual place settings and people were offered a choice of dishes.

We found that people were being supported to eat and drink enough to maintain a balanced diet. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that care staff were making sure that people were eating and drinking enough to keep their strength up. In addition, the registered manager had arranged for some people who were at risk of choking to have their food and drinks specially prepared so that it was easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. An example of this was the service liaising with a specialist nurse based at the local hospital so that a person's healthcare condition could be closely monitored. This arrangement helped to ensure that changes in the person's medical condition could be quickly identified and managed. Another example of this was care staff offering to accompany people to hospital appointments so that they could pass on important information to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. The registered manager and care staff were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the registered manager had ensured that decisions were made in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals when a decision needed to be made about a person undergoing a particular medical procedure. This had enabled careful consideration to be given to whether the benefits of undergoing the procedure outweighed the distress the person might experience.

In addition, records showed that the registered manager had carefully considered each person's circumstances so that if necessary applications for DoLS authorisations could be made. This had been done so that people who lived in the service only received lawful care.

Good

Is the service caring?

Our findings

People were positive about the care they received. One of them remarked, "The staff are very kind to me and they are just the right people to have here." Another person speaking about the care staff told us, "I've never had a problem here. They do their best to bring peace." Relatives were also confident that their family members were treated with compassion and kindness. One of them remarked, "I have the highest regard for the staff. I call a lot to the home and I've never seen anything other than kindness."

We saw that the service ensured that people were treated with kindness and that they were given emotional support when needed. Care staff were informal in their manner and were friendly when caring for people. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff stopping to chat with a person in one of hallways about a trip out to a local aquarium that was due to take place in the near future. At one point the person became worried about how they would get to the aquarium. The member of staff reassured them that all the travel arrangements had been made and reminded them that members of staff would accompany them to make sure that they enjoyed the event.

Care staff were considerate and we saw there were arrangements for them to make a special effort to welcome people when they first moved into the service. This was so that the experience was positive and not too daunting. This included arranging with family members to bring in items of a person's own furniture so that they had something familiar in their bedroom when they first arrived. We also noticed that whenever possible the registered manager or deputy manager made a point of being on duty when a person arrived so that they could personally welcome them to their new home. Furthermore, care staff told us that they gently asked newly-arrived people how they wished to be addressed and established with them the times they would like to be assisted to get up and go to bed. Another example was people being consulted about how often they wished to be checked at night.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family and friends who could support them to express their preferences. Records showed and relatives confirmed that the registered manager had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes. Furthermore, we noted that one of the relatives was acting as an advocate for people. Records showed that they attended residents' meetings and if requested by people liaised on their behalf with the registered persons about the care that was provided.

Most of the necessary provision had been made to respect and promote people's privacy, dignity and independence. We noted that care staff recognised the importance of not intruding into people's private space. People had their own bedroom that they had been encouraged to make into their own personal space. We also saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms. In addition, we noted that care staff were usually discreet when providing close personal care by

carefully closing toilet and bathroom doors when the rooms were in use. However, we also noted that two bathrooms did not have working locks fitted to their doors and so could not fully be used in private. We raised this matter with the registered manager who assured us that the locks in question would immediately be replaced.

We found that people could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, we noted that care staff were assisting people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People said that care staff provided them with all of the assistance they needed. One of them remarked, "The staff here do lots for me. They help me get up and then through the whole day. I like knowing that someone's always there to help me." Relatives were also positive about the amount of help their family members received. One of them commented, "I can see by how my family member is in themselves that they're well cared for. They're always neatly dressed which I know is how they like to be and have always been throughout their life."

We found that people received personalised care that was responsive to their needs. Records showed that care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving all of the care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, keeping their skin healthy and promoting their continence.

People told us that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. Speaking about this a person remarked, "I do everything here that I did at home including knitting and sewing." During the course of our inspection visit there was a lively atmosphere in the main lounge. In the morning we saw people being supported to enjoy taking part in a quiz. During the afternoon we saw people being supported on an individual basis to enjoy activities such as reading magazines and selecting music they wanted to play. Records showed that a number of entertainers regularly called to the service to play music and to support people to take part in gentle exercises. In addition, records and photographs showed that people had been supported to be part of the local community. This included trips out to places of interest. Furthermore, there had also been a fete and barbeque earlier in the year to which the service's neighbours had been invited.

We saw that suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice. This usually involved the chef baking them a special cake and in addition people were given a present by the registered persons.

We noted that the registered persons and care staff understood the importance of promoting equality and celebrating diversity. People could meet their spiritual needs by attending a religious service that was regularly held in the service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. Furthermore, the registered manager and care staff were sensitive to the support people may need to follow their chosen lifestyles if they were gay, lesbian, bisexual or transgender.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. We noted that since our last inspection the registered persons had received one formal complaint. Records showed that the matter had been thoroughly

investigated and resolved to the satisfaction of the complainant.

We found that suitable arrangements had been made to support people at the end of their life to have a comfortable, dignified and pain-free death. We noted that the registered persons had made the necessary arrangements for the service to hold 'anticipatory medicines'. These are medicines that can be used at short notice under a doctor's guidance to manage pain so that a person can be helped to be comfortable. Records showed that the registered manager had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

Good

Is the service well-led?

Our findings

People told us that they considered the service to be well run. One of them said, "This place is peace with a great big 'P'. It's happy and peaceful here and that's important. I've got friends here." Relatives were also complimentary about the management of the service. One of them remarked, "I think it's very well managed. It helps having the manager who is also the owner because there's a direct line to the top and things get done."

There was a registered manager in post. Care staff told us that the registered persons supported them to promote a positive culture in the service that was focused upon achieving good outcomes for people. In addition, records showed that the registered persons had correctly told us about significant events that had occurred in the service. This had enabled us to confirm that people were being kept safe.

We found that the registered persons understood and managed risks and complied with regulatory requirements. Records showed that the registered manager had subscribed to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. This included CQC's website that is designed to give registered persons information about important developments in best practice. This helps registered persons to be more able to meet all of the key questions we ask when assessing the quality of the care people receive. Furthermore, we saw that the registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

Care staff were clear about their responsibilities. We noted that each shift was led by a senior member of staff so that there was a clear understanding of who was in charge. In addition, records showed that information was carefully handed over between care staff from one shift to the next. This helped to ensure that people's changing needs were identified so that they received all of the care they needed. Furthermore, there were arrangements in place to ensure that either the registered manager or the deputy manager were always on call if care staff needed advice out of office hours.

People who lived in the service, their relatives and staff were engaged and involved in making improvements. Documents showed that the registered persons had carefully considered what arrangements would best enable people and their relatives to give feedback. We saw that people who lived in the service had been invited to attend regular 'residents' meetings'. These meetings had given them the opportunity to discuss with staff how well the service was meetings their needs and expectations. In addition, we noted that people and their relatives had been invited to complete an annual questionnaire to give feedback to the registered persons about the service. We noted a number of examples of the suggested improvements being put into effect. An example of this was alterations being made to the menu so that it better reflected people's changing preferences.

Care staff told us there was a 'zero tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that the registered persons had established suitable arrangements to enable the service to learn and innovate. This included members of staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles. In addition, records showed that care staff attended regular staff meetings at which they reviewed how well the service was meeting people's needs and how it could be further developed.

Records showed that the registered persons had adopted a prudent approach to ensuring the financial sustainability of the service. This included operating efficient systems to manage vacancies in the service. We saw that the registered manager carefully anticipated when vacancies may occur so that they could make the necessary arrangements for new people to quickly be offered the opportunity to receive care in the service. Records showed that these arrangements had been successful in that high levels of occupancy had been maintained. In addition, records showed that the registered persons operated robust arrangements to balance the service's income against expenditure. This entailed the registered persons regularly checking to see how much income the service was generating so that there was enough money to support the continued operation of the service.

The registered manager told us that they regularly checked to make sure that people were reliably benefiting from having all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed correctly and staff had the knowledge and skills they needed. However, we noted that some of these audits were not fully recorded or were not recorded at all. We raised this oversight with the registered manager who acknowledged that a more robust audit system would better enable the registered persons to more quickly address shortfalls in the service. Examples of the shortfalls in question included the concerns we have already described relating to medicines management, the maintenance of the accommodation and staff training. The registered manager assured us that they would quickly strengthen the way in which quality checks were completed to ensure that issues with the running of the service could be more quickly put right in the future.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered persons liaising with commissioners to enable them to develop a clear understanding of how many vacancies there were in the residential care sector in the area. This helped to ensure that there was enough capacity in the system to support cross sector working. One of the benefits of this was helping to ensure that there were enough places in residential care services to enable people to quickly be discharged from hospital after their treatment had been completed.