

Jemini Response Limited

Jemini Response 52 Summerheath Road

Inspection report

52 Summerheath Road
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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

We inspected 52 Summerheath Road on 7 December 2016. The inspection visit was announced two days before we visited so we could be sure the manager, staff and people were available to speak with us.

Jemini Response Limited – 52 Summerheath Road provides accommodation for up to seven young adults who have a learning disability and autistic spectrum disorder. There were seven people living at the home at the time of our inspection. People had a range of complex care needs associated with their condition.

Jemini Response Limited – 52 Summerheath Road is owned by Jemini Response Limited and has two other homes in the South East.

The home was a house in a residential street. There were several communal areas people could use which included two lounge areas, a dining area, a garden with outbuildings and the kitchen. Each person also had their own bedroom.

A requirement of the provider's registration is that they have a registered manager. 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 and associated Regulations about how the service is run. There was an experienced registered manager in post at the time of our inspection visit who had been at the service for several years. We refer to the registered manager as the manager in the body of this report.

Staff received training in safeguarding adults and understood the correct procedure to follow if they had any concerns about people's safety. All necessary checks had been completed before new staff started work at the home to make sure, as far as possible, they were safe to work with the people who lived there. The manager and staff identified risks to people who used the service and took action to manage identified risks and keep people safe.

There were enough staff employed at the service to care for people safely and effectively. People were supported by a staff team that knew them well. New staff completed an induction programme when they started work to ensure they had the skills they needed to support people effectively. Staff received refresher training and had their practice observed to ensure they had the necessary skills to support people. Staff had regular meetings with their manager in which their performance and development was discussed and development plans were agreed.

People's care was planned with them, and the support of their relatives and staff at 52 Summerheath Road. This helped to ensure care matched people's individual needs, abilities and preferences.

People were supported to maintain their purpose and pleasure in life. Activities, hobbies and interests were based around each person's interests. Events and activities were organised both inside and outside the home. Staff offered people ways to maintain and develop their independence and increase their life skills.

People were actively encouraged to maintain links with friends and relations. Staff were caring and involved people in developing their environment to meet their life and support needs.

The manager and staff understood their responsibilities under the Mental Capacity Act (MCA) and the Deprivation of Liberty Safeguards (DoLS) to ensure people were looked after in a way that did not inappropriately restrict their freedom. The manager had made applications to the local authority where people's freedom was restricted, in accordance with DoLS and the MCA.

People were supported with their health needs and had access to a range of healthcare professionals where a need had been identified. There were systems in place to ensure medicines were administered safely. People were encouraged to eat a balanced diet that took account of their preferences and nutritional needs.

People who used the service and their relatives, were encouraged to share their views about how the service was run. People knew how to make a complaint if they needed to. Feedback gathered by the provider from people and their relatives was used to drive forward improvements at the home.

Good quality assurance procedures were in place to ensure the quality of the service was maintained, these included regular checks of people's care plans, medicines administration and staff's practice. Accidents and incidents were monitored and investigated, and actions were taken to minimise the risks of a re-occurrence.

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 felt safe living at the home. Staff had been recruited safely and there were enough staff available to meet people's needs. People were protected from the risk of harm as staff and people knew what to do if they suspected abuse. Staff identified risks to people and took appropriate action to manage risks and keep people safe. Medicines were administered to people safely.

Is the service effective?

Good ●

The service was effective.

Staff completed induction and training so they had the skills they needed to effectively meet the needs of people at the home. Where people could not make decisions for themselves, people's rights were protected because important decisions were made in their 'best interests' in consultation with people that were important to them. People received food and drink that met their preferences and supported them to maintain their health.

Is the service caring?

Good ●

The service was caring.

People enjoyed the company of staff and considered Summerheath Road to be their home. Everyone spoke positively about the care and support they received. Staff used different communication techniques to understand people's wishes. Staff involved people in developing their environment to meet their life and support needs. Staff offered people ways to maintain and develop their independence and increase their skills.

Is the service responsive?

Good ●

The service was responsive.

Staff responded to people's requests for support quickly. People were encouraged and supported to live their lives in the way they wished and to pursue interests and hobbies they enjoyed. People received support from staff who understood their

individual wishes. Care plans provided staff with the information they needed to respond to people's physical and emotional needs. People understood they were able to make complaints about the quality of the service they received.

Is the service well-led?

The service was well led.

The home was managed by a management team that was experienced, approachable and accessible. There was a recognised culture within the home placing 'people' and their needs and wishes at the heart of the service. The manager and provider sought feedback about how the home could be improved through people and their relatives. Quality assurance procedures were in place to ensure lessons learnt drove forward improvements.

Good ●

Jemini Response 52 Summerheath Road

Detailed findings

Background to this inspection

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

This inspection visit took place on 07 December 2016. The inspection visit was announced two days before we visited so we could be sure the manager, staff and people were available to speak with us. The inspection was conducted by one inspector.

We reviewed the information we held about the service. We looked at information received from statutory notifications the provider had sent to us and information from the commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are representatives from the local authority who find appropriate care and support services which are paid for by the local authority.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they planned to make. We found the PIR reflected the service provided.

Because some people were unable to talk with us, due to their complex care needs, we observed how staff and people interacted with each other at the home. We spoke with two people who lived at the home and we received feedback from two people's relatives. We also spoke with four care staff, the registered manager, the provider and the deputy manager.

We looked at a range of records about people's care including three care files. We looked at other records

relating to people's care such as medicine records and daily monitoring charts. This was to assess whether the care people needed was being provided.

We reviewed records of the checks the manager and the provider made to assure themselves people received a quality service. We also looked at personnel files for two members of staff to check that safe recruitment procedures were in operation, and staff received appropriate support to continue their professional development.

Is the service safe?

Our findings

All the people living in the home had complex care needs. Some people had difficulty in communicating verbally with us, so it was difficult to ask specific questions about feeling safe. One person responded to us positively with a smile and a nod when we asked them if they felt safe. Another person's relative told us they were confident their family member was safe at the home. There was a relaxed and calm atmosphere in the home and the relationship between people and the staff who cared for them was friendly. People did not hesitate to ask for assistance from staff when they wanted support, which indicated they felt safe around staff members.

People were supported by staff who understood their needs and knew how to protect them from the risk of abuse. There were posters on display in the office giving staff advice on how to raise any concerns if they suspected abuse. Staff attended safeguarding training regularly which included information about how to raise issues with the provider and other agencies if they had any concerns. Staff told us this training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns. One staff member said, "I would not hesitate to raise any issues of concern with the manager, I know these would be looked into."

The provider had procedures in place to notify us when they made referrals to the local authority safeguarding team where an investigation was required. The manager explained they would keep us informed of the outcome of any referrals or investigations and any actions taken. This was to ensure, as far as possible, people were protected.

The provider's recruitment process ensured risks to people's safety were minimised because checks were made to ensure staff who worked at the home were of suitable character. Records confirmed Disclosure and Barring Service (DBS) checks and references were in place before staff started work. The DBS helps employers to make safe recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use health and social care services.

The manager had identified potential risks relating to each person who used the service, and care plans had been written with the person and their representatives to instruct staff how to manage and reduce any risks. The risk assessments we looked at were detailed and were reviewed regularly to ensure they were up to date. For example, one person was at risk of becoming anxious if their routine was disrupted. The risk assessment included information on what might happen if the person became anxious, and how staff could recognise the signs of this. There was information about what triggered the person's anxiety, and how such triggers should be avoided. Plans also included how staff could reduce the person's anxiety by giving them certain objects to handle which they found soothing. Staff confirmed they referred to the information in risk assessments and care records to manage such risks to people's wellbeing. We saw the objects were readily available, so staff could quickly give them to the person at the first signs they were becoming anxious.

The provider had taken measures to minimise the impact of unexpected events happening at the home. This was to ensure people were kept safe and received continuity of care. For example, emergencies such as

fire were planned for, so any disruption to people's care and support was reduced. People who lived at the home had an up to date personal emergency evacuation plan (PEEP) to instruct staff and the fire service about how they should be supported when evacuating the building.

We observed there were enough care staff at the home to care for people safely. Staff supported each person on a one to one basis, so that everyone had support from staff when they needed it. The registered manager and deputy manager were also available to assist with providing care and support if needed. The manager told us staffing levels were determined by the number of people at the home, and their individual needs. Each person was supported by at least one member of staff during the day.

People's medicines were managed safely and only administered by staff who were trained and continually assessed as competent to do so. Staff told us they would be confident to report any errors they made to their manager. This was important to ensure lessons were learnt and staff received support to continue to administer medicines safely. We saw where a recent medicine error had been made, this had been investigated and plans had been put in place to prevent future occurrences.

Each person had a medicines administration record (MAR) detailing the medicines they were prescribed. The MAR described the medicine and the frequency and time of day it should be taken. MARs were signed by two members of staff, which confirmed people received their regular medicines as prescribed. Weekly and monthly checks were in place to ensure medicines were managed safely.

Some people required medicines to be administered on an "as required" basis, for example for pain relief. There were detailed protocols for the administration of these types of medicines to make sure they were given safely and consistently. For example, information was provided to staff about each person's needs and how staff should assess people's pain levels if they were unable to communicate verbally. This included descriptions of facial expressions or body language that could indicate pain. When we spoke with staff it was clear staff understood the signs of pain each person might display, as they knew them well. The deputy manager said, "We would never leave a person with a new or temporary member of staff alone, they would always be supported by a member of staff who knew them well. In this way we can assure ourselves that people receive the care they need from staff."

One staff member described how they assessed one person's pain levels saying, "One person we support with medicines is not able to express themselves verbally, they might pace up and down or be very quiet if they were in pain. We would then ask them if they needed any pain medicine, to which they can respond."

Is the service effective?

Our findings

Everyone we spoke with told us staff had the skills needed to support people effectively and safely. Staff told us they received an induction when they started work which included working alongside an experienced member of staff and training courses to meet the needs of people who lived at the home. The induction training was based on the 'Skills for Care' standards and provided staff with a recognised 'Care Certificate' at the end of the induction period. Staff induction was assessed by an in house training co-ordinator to ensure staff had the skills they needed. Skills for Care are an organisation that sets standards for the training of care workers in the UK. This demonstrated the provider followed the latest guidance on the standard of induction care staff should receive.

The manager told us they maintained a record of staff training and their performance, so they could identify when staff needed to refresh their skills. Training courses were provided to staff based on people's individual needs and abilities at the home, and took into account people's health conditions. For example, staff received training in how to manage challenging behaviours, the use of restraint, and the condition of autism. Care staff told us their training helped them understand people's individuality and needs. One member of staff described how the condition of autism meant people liked routine and structure.

We observed staff used their skills effectively to assist people at the home. For example, care staff were observant and proactive in minimising anxiety when people appeared worried. Staff had a clear plan for each day, so that people knew what to expect and kept to a routine they were happy with. Staff used recognised and accepted techniques to reduce people's anxiety, such as encouraging people to make eye contact with them, and speaking clearly.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager understood that people may have capacity to make some decisions in their lives, but may not have capacity to make complex decisions. They told us that people at 52 Summerheath Road had the capacity to make every day decisions, such as deciding what they might like to eat, or what clothes they might like to wear. These decisions were respected by staff. However, they explained people did not always have the capacity to understand risks to their safety and health, for example, to make choices about when it was safe to cross the road or when to take their medicines. Where people did not have capacity to make decisions about their safety, decisions

were made in their best interests by staff and their relatives. Mental capacity assessments had been completed to establish where people's capacity to make their own choices was limited.

All the people living at Summerheath Road had restrictions placed on how they lived their lives. People were under constant supervision and staff supported each person on a one to one basis as people were unsafe to leave their home on their own. There were also locked doors to keep people safe. In addition, some people exhibited behaviour that could place themselves, staff and other people at the home in danger. Several people could become physically challenging with people around them. This meant that at times staff used recognised restraint techniques to minimise the harm to the person, themselves and other people at the home. One member of staff told us the restraint system they used was based on using the least restrictive method at all times, and that all staff were trained in these techniques.

Staff we spoke with knew they should use the less restrictive form of restraint possible to protect people from harm. Where staff used restraint this was recorded in each person's care records, so any use could be reviewed later. This was to ensure patterns of behaviour were monitored to identify triggers to improve the outcome for people in the future, and to ensure people were only restrained when necessary.

The manager reviewed each person's care needs to assess whether people were being deprived of their liberties. Five people had a DoLS in place at the time of our inspection visit. The manager had applied to the supervisory body for the authority to deprive people of their liberty, because their care plans included restrictions to their liberty, rights and choices. A further two people were waiting for a DoLS assessment from the local authority to review whether a DoLS authorisation should be granted.

Records showed all staff received training in MCA and DoLS, as this was included in safeguarding training. We observed how staff interacted with people at the home, to see how they put their knowledge into practice. Care staff followed the code of conduct of the Act by asking people whether they wanted assistance before supporting them. For those people who were unable to communicate verbally, staff maintained eye contact and watched the person's facial expression and body language, to understand whether they consented to support.

It was clear from our observations that people enjoyed the food they ate at the home. We observed one person eating their breakfast, and another person preparing their lunchtime meal of soup and sandwiches. At meal times, there were a number of dining areas available for people to use which included garden and patio areas and a large communal dining and meeting space. The dining area was calm and there was a relaxed atmosphere. People could choose where to eat their meal. One person told us about taking their soup to the local park, so they could eat their meal outside.

Food and drinks were available throughout the day whenever people wanted them. We looked at how food was ordered at the home, which was based on a weekly menu which people had been consulted about.

Staff knew people's dietary needs and ensured they were offered meals which met these. For example, one person was on a gluten free diet. All the staff we spoke with were aware of the person's dietary needs, and we observed staff preparing food which was gluten free. Care records clearly showed the food people liked to eat, and how they should be supported with their nutrition.

The provider worked in partnership with other health and social care professionals to support people's needs. The manager confirmed people visited the dentist, chiropodist and GP on a regular basis. Care records included a section to record when people were seen or attended visits with healthcare professionals and any advice given was recorded for staff to follow. Records confirmed people had seen health

professionals when there was a change in their health, which included their GP, optician and dentist. Care records were updated with the advice of health professionals and people received the care they needed.

Is the service caring?

Our findings

Relatives told us the care and support their relatives received was good. They told us they were very happy with the level of kindness, thoughtfulness and caring shown by staff. A relative said, "They [staff] are all fantastic, friendly and very welcoming." They added, "To us it is like [Name's] second home, Jemini provides so much more that we could ever do and they have a lovely associated family in Jemini."

Many people had lived at Summerheath Road for a number of years and described it as their home. Most of the staff had worked there for a number of years as well. This meant staff knew people well. One relative said, "[Name] obviously loves them all." People were also assigned a specific member of staff called a keyworker. Keyworkers were responsible for maintaining a special relationship with each person they supported, ensuring each person's social and practical needs were met.

Staff supported people to feel valued. Staff knew people's preferred names and spoke to people in a positive and respectful way. When walking with people, staff chatted to them at the same time, and when they passed people they stopped to say hello and have a chat.

People were encouraged to develop personal and life skills to help them maintain and develop their independence. Each person was asked whether they wanted to develop social or life skills, including activities such as cooking and doing their own laundry. Plans were written down with the person and staff to identify which activities they needed help and encouragement in. The deputy manager said, "We encourage independence here, this is especially important as the people who live here are younger adults." They gave us examples of supporting people to establish their working lives or continue their education. For example, one person worked for a local car company washing cars. The manager explained that enabling people to develop their careers and working lives had improved their sense of self-worth.

People made everyday choices about how they spent their time. When we arrived at the home at around 8.00am two people were already out attending a local college, one person was up having breakfast, and other people were still in bed. Each person chose when they wanted to get up, and when they wanted to eat their breakfast. Each person had an assigned member of staff who was able to assist them with any support they required.

Each person had information in their rooms about their daily lives, and how they chose to spend their time. For example, one person had a noticeboard where daily tasks were planned by them, such as getting up, getting dressed and eating breakfast. Each task was identified by a picture card which was stuck to the board. When the task was completed the person moved the picture card from the board's daily activity plan. This helped them to remember the tasks they could do themselves, but also gave them a sense of achievement about the tasks they undertook. A staff member explained, "The person's autistic condition makes it important for them to keep to a routine, this is how they monitor their daily tasks to provide themselves with reassurance about what they have achieved."

The provider helped people to express their views, as they made sure people could communicate these

daily through the use of communication techniques. Staff used tried and trusted methods of communicating with people, such as sign language and easy-read printed documents and picture cards.

The importance of people maintaining meaningful relationships with family and friends was recognised; friends and family visited whenever they were invited and staff welcomed them. People were encouraged to visit their family by arrangement and staff supported them to do so. One relative commented, "We are able to visit when we like, as long as we let Jemini know so they can prepare [Name] mentally for our visit."

People had decided how their personal space was decorated, furnished and arranged. People's rooms included photographs of family and friends, pictures on the walls, ornaments and furniture personal to them. For example, one person liked teddy bears and their room boasted a large display. This was important as some people at the home were diagnosed with autism, and needed their personal space to reflect their own preferences, so they felt comfortable in their surroundings.

We saw staff had worked with one person to develop a personal area, in the garden. This was a purpose built structure which offered the person privacy away from other people at the home, and helped them to relax. The structure was used by the person each day, and gave them a secure place to be where they felt comfortable.

Is the service responsive?

Our findings

People's care and support was planned in partnership with them and people who were important to them, which enabled the provider to deliver person centred care. This was confirmed by the manager and in the PIR we received before our inspection visit. Care records were comprehensive and written so staff understood people's needs and abilities. For example, care plans included information on maintaining the person's health, their support needs, and their personal preferences. Records showed what food people enjoyed, their life history, who was important to them, and what activities and hobbies they liked. Only one person's record we reviewed had information in their records that was not up to date, a medicine had been changed in their medicine records, but this adjustment had not been made to the care plans. We brought this to the attention of the deputy manager during our inspection who updated the records straight away.

Care records were regularly checked so people's records reflected their current support needs. This involved monthly reviews, weekly meetings with the person and an analysis of people's behaviours and any accidents and incidents. This ensured that where people's needs had changed, staff had the most up to date information available to meet those needs.

There was a meeting at the start of each shift to handover each person's care to another member of staff. Care staff starting their shift were made aware of any changes to people's health or behaviour. Information was written down in a daily record, so each member of staff could review the information before they started working with people.

We looked at the activities, interests and hobbies people enjoyed at the home. Each person had an activity plan drawn up to meet their personal preferences. Each person had at least one activity planned each day. Activity plans were displayed in people's bedrooms, so they knew what plans they had made each week. People were consulted about what they wanted to do each day in a weekly meeting they had with their keyworker. We saw people's routines differed from person to person. For example, one person attended a local college five days per week, another person had a part time job and enjoyed swimming, while someone else enjoyed walks and going to the park. A staff member told us, "[Name] likes routines and structure, so they like to know what's happening each day."

One person's care records described them liking a local pub. We spoke with the person on the day of our inspection visit, they said, "I went there yesterday. I chose my own meal and what I wanted to eat." Staff were enthusiastic about the opportunities people had, but were also keen to develop and offer more for people. With this in mind the manager was actively involved in building links with the local community, for example, one person had secured a job at a local business to offer them working skills.

Staff found ways to engage people in activities and interests they might enjoy in the home. A staff member explained, "It is not all about going out, there are always things you can do to engage people's interests." We observed staff putting this into practice, encouraging people to perform everyday tasks they enjoyed. People told us they felt encouraged to participate in the daily routine of the home, for example, cake making, cleaning, doing laundry, and cooking their own meals. We observed people moving around the home as

they liked and spending their time how they wished, this included the use of communal living spaces but also included people accessing the kitchen. One person told us how doing daily household tasks increased their feelings of being independent, which was important to them. Each person had an individual activity plan, which included any goals they wanted to achieve, for example, increasing their living skills such as learning how to clean their own room.

Some people had opted to assist staff with cooking meals certain days of the week. We spoke with one person who was making gingerbread in the kitchen during our inspection visit. They explained how much they enjoyed making their own food, which they shared with the other people at the home. The gingerbread was to be used to make a gingerbread house, for display. They showed us how they intended to decorate the biscuits, which they enjoyed.

Information displayed in the reception area informed people about how they could make a complaint and provide feedback on the quality of the service. People and their relatives told us they knew how to raise concerns with staff members or the manager if they needed to. A typical comment was, "We have no need to complain." One person's relative said, "We have no concerns, only once did we raise a concern and it was dealt with very rapidly and totally resolved and in a very helpful way, it was not about care at all but a small concern about building infrastructure." We saw that no-one had made a complaint in the last two years. We reviewed a number of compliments that had been completed by relatives, these showed very positive feedback about the service from family members.

Is the service well-led?

Our findings

There was an experienced registered manager in post at the time of our inspection visit who had been at the home for several years. The manager was part of a management team which included a deputy manager. Everyone told us the manager, deputy manager and staff were always accessible and approachable to them. This included people's relatives and health professionals. Care staff confirmed there was also an 'on call' telephone number they could contact 24/7 to speak with a manager if they needed to. This provided staff with leadership advice whenever they needed it.

The manager and provider promoted an open culture by encouraging staff to raise any issues of concern with them either through their 'open door' policy or through regular team meetings. Staff told us the manager and deputy manager kept themselves up to date and in touch with what was happening at the home because they worked alongside the staff team each day. Staff told us they had regular one to one meetings with their manager where they were able to discuss their performance and identify training required to improve their practice. Staff participated in yearly appraisal meetings where they agreed their objectives for the following 12 months and their personal development plans were discussed.

The values of the provider were embedded in the ethos of the home, which were to put people at the heart of what they did. Staff were cheerful and approachable to people and visitors and greeted people they met as they moved around the home. Consequently people responded with smiles and spoke with staff in a relaxed way.

The manager's role included checking staff monitored and reported on people's care and any incidents that occurred at the home, to make sure appropriate action was taken when necessary. Records showed, for example, medicine errors, accidents and incidents were analysed by the time and location of the incident, the possible causes and the actions taken. Actions taken as a result of analysis included referring people to other health professionals and sharing updated information with staff. People's care records were kept up to date with changes in people's care and health needs. In addition, risk assessments were regularly reviewed in response to people's changing needs and in response to investigations into incidents and any learning that arose from these.

The provider's quality assurance system included asking people, visitors and relatives, visiting health professionals and their own staff about their views of the service. A yearly quality assurance survey was undertaken asking people what they thought of their care. The responses to the survey showed a high level of satisfaction. Comments included; "[Name] is always happy and relaxed, and looks forward to returning to Summerheath Road", "Staff are well trained and committed to the person they are supporting." In addition, people were encouraged to share their opinions about the service through weekly meetings with their keyworker. Requests people had made to improve the service were followed up by the manager, for example, staff had discussed people becoming more involved in preparing their own meals as they enjoyed cooking. Plans had been drawn up in response to the feedback to include more people in preparing their meals. The provider told people about the feedback they had received, and the actions they took through a regular newsletter that was distributed to people and displayed in the reception area of the home.

The provider directed the manager to complete regular checks of different aspects of the service. This was to highlight any issues in the quality of the care provided, and to drive forward improvements. For example, the manager conducted regular weekly checks on premises and medicines, monthly checks were also made including checks on medication administration, care records, and infection control procedures. Where checks had highlighted any areas of improvement, action plans were drawn up to make changes.