

Canterbury Care Homes Limited

Woodlands Care Centre

Inspection report

Woodlands Road
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Cheshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement



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

This inspection took place on 17 August 2016 and was an unannounced inspection.

Woodlands Care Centre is a care home providing nursing and personal care which is located in a residential area of Macclesfield. Originally a private house it has been developed to provide care for up to 30 younger adults, people living with dementia and older people. It is a two storey building with bedrooms on both floors. Access between floors is by a passenger lift or the stairs. There are gardens for people to sit in and enjoy and some car parking is available.

At the time of the inspection visit 22 people lived at the home.

At the last inspection in December 2013 the service was meeting the requirements of the regulations that were inspected at that time.

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

People told us they felt safe living at Woodlands Care Centre and liked living there. The registered provider had procedures to protect people from abuse and unsafe care. Staff were aware of these and had received training in safeguarding adults. They told us they would take action to ensure people's safety where they became aware of or suspected a safeguarding concern. We observed staff provided safe, patient and sensitive care during the inspection.

The décor, fixtures and fittings in communal areas varied in quality and safety. The lounge carpet was frayed where people walked and was a trip hazard. Five window frames were not in good repair. The registered manager told us the lounge carpet and window frames were due to be replaced or repaired. When we checked this after the inspection visit the work had been completed. We made a recommendation that timely replacement of fixtures and fittings is carried out so the home is safe and kept in good repair.

Recruitment and selection was carried out safely with appropriate checks made before new staff started working in the home. This reduced the risk of employing unsuitable people.

We looked at how the home was staffed. We saw there were enough staff to provide safe care. Agency staff were used regularly in the home due to difficulties in recruiting suitable staff. However almost all people we spoke with were satisfied with staffing levels. Staff had received training in care which gave them the skills and knowledge to provide support to people.

Staff managed medicines competently. People told us they felt staff gave them their medicines correctly and when they needed them. We saw they were given as prescribed and stored and disposed of correctly.

People we spoke with told us staff were caring and helpful. They said their health needs were met and staff responded to any requests for assistance promptly.

People told us they were offered a choice of meals. Almost all people we spoke with were positive about the meals. Drinks were available throughout the day and people's dietary and fluid intake was sufficient for good nutrition.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). This enabled staff to work within the law to support people who may lack capacity to make their own decisions.

People we spoke with said staff were caring and respectful, listened to them and assisted them promptly. They said staff supported them to remain as independent as they could be. Staff knew the care people needed, which showed us they were familiar with people's care needs, and preferences.

Staff recognised the importance of social contact, companionship and activities. Staff supported people to engage in activities and interests in the home.

Care plans were personalised, involved people and where appropriate their relatives and were regularly reviewed.

People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said staff were easy to talk to. They said staff were willing to listen which encouraged them to express any ideas or concerns.

There were procedures to monitor the quality of the service. The registered manager sought people's views in a variety of ways and dealt with any issues of quality quickly and appropriately.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

Maintenance of the home and repairs were not always carried out promptly which put people at risk of injury.

Staff were aware of safeguarding procedures and the action to take to protect people from the risk of abuse.

Medicines were administered safely and securely.

Staffing levels were sufficient to support people safely.
Recruitment procedures were safe.

Is the service effective?

Good 

The service was effective.

Procedures were in place to assess peoples' mental capacity and to assist with decision making where needed.

People were offered a choice of meals. Staff were familiar with each person's dietary needs and knew their likes and dislikes.

People were supported by staff who were skilled and knowledgeable. This helped them to provide support in the way the person wanted.

Is the service caring?

Good 

The service was caring.

People we spoke with told us staff were kind and patient. They told us they were comfortable and satisfied with the care they received.

People said staff respected their privacy and dignity. We observed staff interacting with people in a caring and respectful way.

Staff were familiar with and understood people's history, likes, dislikes, needs and wishes. They took into account people's

individual needs when supporting them.

Is the service responsive?

Good ●

The service was responsive.

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There were activities arranged to interest people and encourage interaction.

Care plans were personalised, involved people and where appropriate, their relatives and were regularly reviewed. Staff were welcoming to people's friends and relatives.

People were aware of how to complain if they needed to. They said any comments or concerns were listened to and action taken promptly.

Is the service well-led?

Good ●

The service was well led.

People who lived in the home and their relatives told us staff were approachable and easy to talk with. We saw their views were sought in a variety of ways.

There were a range of quality assurance audits to monitor the health, safety and welfare of people who lived at the home. Any issues found on audits were quickly acted upon.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Woodlands Care Centre

Detailed findings

Background to this inspection

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

This inspection took place on 17 August 2016 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before our inspection we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that affected the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We reviewed the Provider Information Record (PIR) we received prior to our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This provided us with information and numerical data about the operation of the service. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the service. They included seven people who lived at the home, two relatives, the registered manager and four members of staff on duty.

We looked at all areas of Woodlands Care Centre, for example we viewed the lounge and dining area, bedrooms and the kitchen. This was so we could observe interactions between people who lived at the home and staff.

We looked at care and medicine records of four people. We also looked at the previous four weeks of staff rotas, recruitment and staff training records and records relating to the management of the home. We also spoke with two care professionals. This helped us to gain a balanced overview of what people experienced

whilst living at the home.

Is the service safe?

Our findings

People told us they felt safe at Woodlands Care Centre and were satisfied with the care. One person told us, "The staff keep us safe. Nobody can just walk in. The staff check on them." Another person commented "I'm safe with the staff. They are all alright." Relatives said they were confident their family members were well cared for. A relative said, "I know [family member] is safe and well looked after here. The staff are very good." A recent resident and relative's surveys showed 100% of those who responded felt people were safe at the home.

The décor, fixtures and fittings in communal areas varied in quality and safety. Although clean, the lounge furnishings were 'tired'. The curtains in the lounge could not be moved. The lounge carpet was frayed with small holes in an area of the lounge where people walked. This was a trip hazard. One person told us, "They need a new carpet. I don't like it with holes in. I keep telling them." The registered manager said it was being replaced soon after the inspection. He agreed to make a temporary fix to make it safe. Five window frames were not in good repair. The registered manager said these were due to be replaced but they had needed to get several quotes for the work. The registered manager showed us quotes received from local firms and told us the dates arranged for the work. We checked with the registered manager after the inspection. The work had been completed; the window frames replaced or repaired, the outside of the home repainted, the lounge carpet replaced and the lounge redecorated.

We recommend repairs of fixtures and fittings are carried out promptly so the home is safe and kept in good repair.

We saw repairs needed were recorded for the maintenance person to complete. Records showed when these had been completed. We were told bedrooms were redecorated before new people moved into the rooms.

Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use. Equipment had been serviced and maintained as required. We checked a sample of water temperatures. These were delivering water at a safe temperature in line with health and safety guidelines. Legionella checks had been carried out.

There was a fire safety policy and procedure, which clearly outlined action to be taken in the event of a fire. A fire safety risk assessment had been carried out so the risk of fire was reduced as far as possible. There were regular checks of fire safety equipment. Staff had received fire training so they understood what to do to keep people and themselves safe. People had personal evacuation plans so in case of fire everyone knew the help each person would need.

There were procedures to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They were clear about procedures related to safeguarding and whistleblowing. One member of staff told us, "If you see something wrong – you say something. You make sure it is reported properly." From this we could see they had the

necessary knowledge to reduce the risk of abuse and discrimination to people.

Risk assessments enabled people to remain as independent as possible while keeping them safe. They provided instructions and guidance for staff members when delivering care and support. Staff spoken with told us the risk assessments were clear and informative and provided good direction.

Staff spoken with were knowledgeable about the individual needs and behaviours of people. Where people displayed behaviour which challenged the service, assessments, guidance to staff and risk management plans were in place. They were familiar with this information and knew how to support people.

The registered manager told us they reviewed accidents or incidents. We looked at a sample of these to see how they managed accidents and incidents. Staff had recorded information about accidents and actions to manage them. These were checked for triggers to, or patterns in the accidents or incidents. This enabled staff to review where risks could be reduced while still supporting people to be as independent as possible. The registered manager had reduced the risk of incidents from reoccurring to protect people from potential harm.

Call bells were regularly checked to confirm they were working correctly. They were positioned close to people so they were able to summon help when they needed to. People told us staff responded to calls promptly. We saw this during the inspection.

We looked how recruitment and selection was carried out. We looked at three staff files. The application forms were completed with any gaps and discrepancies in employment histories followed up. This provided senior staff with information about the employment backgrounds and possible skills of each prospective member of staff. The management team received references before new staff were allowed to start work. They checked nurses were registered with the nursing and midwifery council (NMC) and therefore able to practice as a registered nurse. Each member of staff had a disclosure and Barring Service (DBS) Check before they started working with the organisation. This allowed the employer to check if potential employees had criminal records or were barred from working with vulnerable people. These measures helped senior staff to assess the suitability of potential staff to work in the home. We spoke with a recently appointed member of staff; who confirmed they were unable to commence work before appropriate checks had been made.

We looked at how the home was being staffed. We did this to make sure there were enough staff to support people throughout the day and night. We talked with people who lived at Woodlands Care Centre, relatives and staff, checked staff rotas and observed throughout the inspection whether there were enough staff to provide safe care. We saw there were sufficient staff to provide people with personal care and social and leisure activities. However agency staff had been used regularly as the home had experienced difficulties in recruiting suitable staff and to cover staff holidays and staff training. The registered manager tried to use the same agency staff where possible but a new agency nurse was on shift during the inspection. This was to cover a staff training day. We saw the nurse received a full and informative handover from the nurse finishing the night shift. The nurse had delayed leaving their shift to make sure the agency nurse was confident they could manage the nursing care needed on the shift. The registered manager, who was not a nurse, was managing the home.

Almost everyone we spoke with said they were satisfied with staffing levels. One person told us there were never enough staff to assist them to walk, but this did not reflect our experience on the inspection. People we spoke with were mainly satisfied with staffing levels. One person said, "We usually have enough staff but we don't always know them well." Another person said, "There seems to be enough staff. I never have to

wait." Relatives said there were enough staff. One relative said, "There are usually enough staff on but there have been some staff changes recently." Another relative said "The home could do with more staff but I have no real complaints about staffing."

Staff we spoke with told us there were enough staff to look after people. One member of staff said, "There are always enough staff but we have needed to use more agency staff recently which makes it harder if they don't know people." Prospective staff had been interviewed and checks were being made to ensure their suitability when we inspected

People told us they felt staff supported them with medicines well. They said they were given medicines as prescribed and at the correct time. Staff said people could manage their own medicines if they were able. However no-one was doing so when we inspected.

We saw medicines were ordered appropriately, checked on receipt into the home, administered as prescribed and stored and disposed of correctly. Medicine audits were completed regularly to monitor if people had received their medicines as prescribed. Records showed any errors or omissions were acted upon promptly.

We observed medicines being given. Medicines were given safely and staff signed the medicine record to show they had given them to the person once they had taken their medicines. There were audits in place to monitor medicine procedures and to check people had received their medicines as prescribed. Competency checks had been completed on each member of staff who administered medicines.

Is the service effective?

Our findings

Almost everyone we spoke with told us the meals were usually quite good and there was a choice of food at mealtimes. One person told us, "I enjoy the meals. And you get a choice." Another person said, "What I've had up to now has been alright." However a further person said "The meals are not quality." A relative commented that more fresh vegetables were needed. The lunchtime meals we saw during the inspection looked nutritious. People told us the lunch was tasty. A recent survey showed over 90% of people were satisfied with the meals in the home. In response to this the registered manager talked with people about any changes to meals they wanted.

People had a nutritional risk assessment in their care records which identified those who were at risk of obesity or malnutrition. People's weights were monitored frequently to help people maintain a healthy weight.

We spoke with the cook. We found good systems to provide for people who required special diets and textures in their food. The cook maintained records of people's likes and dislikes and those with allergies or special dietary requirements. This assisted them to provide the correct meals to meet people's needs and preferences. One person said, "I don't like turkey, chicken, cheese or fish but they accommodate me." The cook told us they prepared meals from 'scratch' and showed us the fresh ingredients they used. We found the kitchen was clean and well organised and stocked with a variety of provisions.

We observed mealtimes during the inspection. Everyone had breakfast in their bedrooms. The registered manager told us people had a choice where they ate their breakfast but agreed that they would be reminded of this. Some people ate lunch in the dining room, others ate their meals in their bedrooms. Meals were well presented and staff were person centred in the way they supported people. They did not rush them and chatted to them while they assisted them. We saw staff made sure people's dietary and fluid intake was sufficient for good nutrition so people had a balanced and varied diet. We saw drinks and snacks were available at a snack station in the conservatory and also offered to people at regular intervals, throughout the day. One person told us, "The staff are always saying drink that coffee, drink that juice so we don't get parched."

People who lived at Woodlands Care Centre and their relatives told us their specialist dietary, mobility and equipment needs had been discussed with them and were recorded in care plans. They told us their healthcare needs were monitored and met promptly by staff and they saw health professionals where needed. Care records seen confirmed people had visits from or visited GP's district nurses, chiropodists, optician's clinics and hospital appointments. We spoke with health and social care professionals who told us they had no concerns with the care being provided at Woodlands Care Centre.

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). 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.

The management team had policies in relation to the MCA and DoLS. Procedures were in place to assess people's mental capacity and to support those who lacked capacity to manage risk. We talked with people and sampled care records to check people had consented to care and. mental capacity assessments had been completed. People told us they were able to make decisions and choices they wanted to make. They said staff did not restrict the things they were able, and wanted to do. We spoke with staff to check their understanding of the Mental Capacity Act. They told us they determined people's capacity to make particular decisions.

We looked at the care and support provided to people who may not have had the mental capacity to make decisions. Staff demonstrated a good awareness of the MCA code of practice and confirmed they had received training in these areas. They knew what they needed to do to make sure decisions were in people's best interests. Relevant staff had been trained to understand when a DoLS application should be made and completed applications where needed. We saw staff were working within the law to support people who may lack mental capacity to make their own decisions.

People who lived at Woodlands Care Centre and their relatives told us they felt staff were trained and competent. One person said, "They know what they are doing. They go on courses to learn new things." Staff told us they completed induction training when they started in their post. They also shadowed experienced staff for a period of time to assist them to develop basic skills and knowledge of the home. They told us they had frequent training. We saw staff were involved in a training course during the inspection. Care staff had completed or were working towards national qualifications in care. Staff had also completed other training including; fire safety, food safety, infection control, dementia care, dignity and respect, equality and diversity, diabetes, moving and handling, Mental Capacity Act and Deprivation of Liberty training, first aid, safeguarding vulnerable adults, and health and safety.

Staff told us they received regular supervision sessions. This is where individual staff and those concerned with their performance, typically line managers, discussed their performance and development and the support they needed in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt well supported through these and regular staff meetings and felt able to air their views. One member of staff said, "We have supervisions. They are good actually. There are a few things I mentioned and they have been sorted out."

Is the service caring?

Our findings

People who lived at Woodlands Care Centre and their relatives told us staff were caring and supportive and provided good care. One person said, "The staff are very good to me. They listen and help. I have found them nice." Another person said, "I am comfortable. The staff make sure of that." We also saw written comments from people praising staff. These included "Thank you so much for the wonderful care you gave [family member]." And "I want to acknowledge the exceptional care from you all."

The atmosphere in the home was relaxed and friendly during the inspection. People told us it was a nice home and staff who were caring and supportive. People looked cared for, dressed appropriately and well groomed. We saw staff interacted with people regularly and attended to their needs promptly. We observed good moving and handling as staff supported people. They made sure the footrests for people in wheelchairs were in place and checked they were comfortable before moving on.

Staff were familiar with the history, likes, dislikes, needs and wishes of people they cared for. Their care records provided staff with a picture of the person to assist them to understand them and their needs. Staff had checked people's preferences in relation to, their family makeup, working life, religion, hobbies, activities and other personal preferences.

The registered manager had made sure people's requirements in relation to their human rights were recorded. This included information in relation to their preferred form of address, their close family and friends and the way they wanted their care delivered. When asked, staff were able to confirm whether individual's wanted to be addressed by their first name or more formally. They were also aware of people's personal care needs and preferences.

People's dignity was maintained through the polite and caring attitude of staff. They respected each person's diverse cultural, gender and spiritual needs. We saw they knocked before entering bedrooms and bathrooms. They shut bedroom and bathroom doors and made sure people's privacy and dignity was maintained. One person told us, "I have no problems here. The staff are all good and helpful." A relative said, "The staff are always kind and respectful." In a recent survey over 95% of people who responded said they felt valued and were always treated with dignity and respect.

We saw quotes around the home to remind staff how they could affect people's lives for better or worse. These included; "Without dignity identity is erased." And "I may forget your name but I will never forget how you make me feel." Staff told us these encouraged and motivated them.

The staff team provided care and support to people needing care at the end of life. This assisted people to remain comfortable in their familiar surroundings, supported by staff they knew. They had recently received training on the priorities for end of life care and felt this had improved their skills and knowledge in providing end of life care. We saw staff were reminded of the importance of end of life care. We saw quotes stating "One chance to get it right." Staff said the training had helped them reflect on what a 'good' death was.

There was information on people's personal preferences around the end of life care and appropriate documentation regarding resuscitation. People's wishes were clear and staff were aware of these. We saw people had an advanced care plan, where a family had been supported to make decisions regarding their loved ones final wishes. We saw a comment from a recently bereaved family, who stated, "Just wanted to say thank you for the care and compassion shown to [family member]."

We saw Independent Mental Capacity Advocates (IMCA's) had been involved where people had been assessed in relation to DoLS applications. Information was available to people about how to get support from independent advocates so people had a 'voice' where there was no family involved.

Is the service responsive?

Our findings

People told us staff helped and encouraged them to enjoy a good quality of life. Relatives told us care was personalised to their family member's individual needs. We observed staff offered people choices in rising and retiring times, food and activities and encouraged people to retain their independence wherever possible. People told us they got up and went to bed when they liked. We saw people rose at different times on the inspection. One person said, "I pretty well do what I want. The staff are great." A relative said, "I am confident that staff support [family member] well and give them choices."

Staff recognised the importance of social contact, companionship and activities. They spent time talking with people. A member of staff told us, "Some residents aren't well enough to do activities, but they enjoy a chat or someone just sitting with them." People told us there were usually regular activities. There was an activities coordinator employed. They provided activities including hand massage, DVD's, board games, bingo, and visiting entertainers.

The registered manager told us they assessed people's needs before admission which they developed into a care plan and risk assessments. The registered manager told us care plans and risk assessments were completed with the person and their relative, if appropriate. We looked at the care records of four people we chose following our discussions and observations. We saw from the care records and talking with people who lived at Woodlands Care Centre, they and their relatives were involved in care planning where they wanted.

Care records were informative. They were regularly reviewed and amended as people's needs changed. We saw care plans were personalised and gave staff information about people's needs and preferences, likes, dislikes, life history and family contacts. Risk assessments were in place to provide information on the person's level of mobility, and risk of falls, nutrition and pressure area management. Guidance was recorded on how to reduce any risks and updated regularly. One person said, "I told the staff how I wanted them to look after me and they have done so." A relative said, "The staff are very good at keeping me up to date if [family member] becomes ill or isn't eating well. I feel confident that I know how they are." We also looked at a recent resident and relatives survey where close to 100% of people and relatives said they were kept up to date.

People told us their relatives were made welcome and there were no restrictions to visiting. One person said; "My family are always made welcome." A relative said, "I visit frequently at different times of day and staff are always pleasant and welcoming."

People told us they knew how to raise a concern or to make a complaint if they were unhappy with something. They said if they had any concerns staff listened to them and took action to improve things. One person said, "If anything is wrong, it is quickly put right. I have no complaints."

We looked at the complaints policy which told people how their concerns would be dealt with. We saw people had been given information about how to make a complaint. One person said, "I have not had

anything to complain about but know what to do if I had."

The registered manager said there had not been any formal complaints over the previous twelve months. Any minor 'niggles' were dealt with promptly and appropriate action taken to the satisfaction of the person. There had been frequent written compliments from relatives in the same period.

Is the service well-led?

Our findings

People who lived at Woodlands Care Centre and their relatives told us the registered manager and staff team were, easy to approach, willing to listen and acted on any requests or suggestions. One person said, "You can talk to any of the staff and they will help." A relative commented, "The manager is great, will take time with you and sort any problems out."

People who lived at Woodlands Care Centre and their relatives were asked their views in a variety of ways. He told us he had an 'open door' policy and residents and relatives could talk with him whenever they wanted. People who lived at the home and their relatives confirmed this. There were 'residents and relatives' meetings held at various times of day to give different people a chance of attending. Senior staff also had informal 'chats' with residents and relatives.

Surveys about people's experience of the home and any improvements they would like were sought at least annually. We saw recent surveys which were generally positive. Where people expressed concerns or dissatisfaction, action was promptly taken. We saw a written summary of actions in response to the survey in the form of 'You said – Our response'. This included comments about 'You said' slow response to call bells – 'Our response' Response times being monitored and 'You said' insufficient activities – 'Our response' Monthly activities timetable in place and on residents and family notice board. This had been placed on the notice board so people who lived at Woodlands Care Centre and their relatives could see what actions had been taken.

The home had a clear management structure in place. The registered manager demonstrated he understood his role and responsibilities and supported and encouraged the staff team. Staff said the registered manager was 'hands on' and caring towards people who lived at the home. One member of staff told us, "[The registered manager] is really good with the residents and has worked at weekends when we have been short to make sure we have enough staff." Another member of staff said, "We know if we discuss anything personal it will stay behind closed doors. He is always supportive."

We saw the registered manager encouraged staff to develop their skills and knowledge to help them provide good care. There were regular staff meetings held to inform, involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues.

Staff attended handovers at the change of each shift. This gave them the opportunity to discuss people's support needs and any day-to-day operational issues. Staff told us at handovers they were encouraged to ask questions so they were clear about the care they were to give.

There were procedures to monitor the quality of the service. A variety of audits were completed monthly. These included monitoring infection control and cleanliness, water quality and temperatures, fire safety, equipment, care plan records, medication procedures and frequency of supervisions. Any issues found on audits were quickly acted upon and any lessons learnt to improve people's experience of the service.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There was a business continuity plan that identified how the service would respond to different types of emergencies. We saw any accidents and incidents were thoroughly investigated. Where appropriate, action plans had been put in place to prevent any recurrence. This reduced risks to people.