

Chartwell Care Services Limited

Barclay Street

Inspection report

148 Barclay Street
Leicester
LE3 0JB

Tel: 0116 255 5005

Website: www.Chartwelltrustcare.org

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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 

Overall summary

This inspection took place on the 20 January 2015 and was unannounced.

Barclay Street provides residential care for 7 people with a learning disability and/or autistic spectrum disorder. At the time of our inspection there were 7 people in residence.

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.

Staff were confident that if they had any concerns about people's safety, health or welfare then they would know what action to take, which would include reporting their concerns to the registered manager or to external agencies.

Staff had received training which reflected the needs of people who used the service and enabled them to provide care in a safe manner. This included supporting

Summary of findings

people when their behaviour became challenging and also through the appropriate use of equipment and techniques to move people safely. We found people received their medication in a timely and safe manner by staff who had been trained in the administration of medication.

We saw people accessing a range of community activities independently or with the support of staff. People's needs had been risk assessed to promote their safety and independence. We saw there were sufficient staff to support people's individual needs.

Our discussions with staff told us that they received ongoing support and development through supervision, appraisal and training. The training staff accessed reflected the needs of people who used the service which meant people received effective care and support.

People were protected under the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that appropriate referrals had been made where people were thought to not have capacity to make decisions and had restrictions placed upon them. Staff spoke about their role in supporting people to maintain control and make decisions which affected their day to day lives. They told us how this was a key part of their role when supporting people.

People at risk of poor nutrition and hydration had assessments and plans of care in place for the promotion of their health and well-being. Some people were involved in menu planning and the preparation and cooking of meals. We saw people being offered a choice of options to eat at breakfast and lunch time and drinks and snacks were served regularly throughout the day.

People's health and welfare was promoted and they were referred to relevant health care professionals in a timely manner to meet their health needs. Information gathered from a visiting professional and our observations showed there to be a positive working relationship between professionals and the service, which positively impacted on the quality of care people received.

We observed positive and supportive relationships between people who used the service and staff. People were comfortable and relaxed in the company of staff and

shared laughter and conversation with them. We noted staff supported people in a timely manner, which included supporting them when they became anxious. We observed people being encouraged to make decisions about their day and records showed people's comments and views were documented in daily records and within the minutes of meetings.

Visiting professionals who provided us with information told us that they found the staff of the service to be caring and supportive and receptive to the needs of people in their care.

People were supported by staff who were responsive to their needs and requests for support including accessing the community, shopping and attending college. People who remained at the service were supported to take part in their interests with the support of staff. Relationships between people using the service and their relatives and friends were promoted by staff who supported them in visiting people and by encouraging visitors to the service.

People we spoke with were confident that any concerns they had would be responded to appropriately. Records showed that the service within the last twelve months had not received any complaints, however they had received compliments about the service they provided.

People who used the service, their relatives, staff working at the service and visiting professionals were complimentary about the registered manager saying they were confident to speak with them and found them to be approachable.

There were effective systems in place for the maintenance of the building and equipment which ensured people lived in an environment that was well maintained and safe. Audits and checks were effectively used to ensure people's safety and needs were being met, as well as improvements being made as required.

People using the service and staff had the opportunity to influence the service by attending meetings and sharing their views, which enabled the provider to review and develop the service. Although the provider sought the views of relatives they had identified that seeking the views of people who use the service was an area for further development and improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People were protected from abuse because staff had an understanding of what abuse was and their responsibilities to act on concerns.

Risks to people's health and wellbeing had been assessed and measures were in place to ensure staff supported people safely, whilst promoting people's choices.

There were sufficient numbers of suitable staff and people received their medicines correctly and at the right time.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the appropriate knowledge and skills to provide care and who understood the needs of people.

Staff had a good understanding of Deprivation of Liberty Safeguards and the requirements of the Mental Capacity Act 2005, which ensured people's human rights were respected.

People's dietary requirements with regards to their preferences, needs and risks were met.

There were positive working relationships between visiting professionals and the service. People were referred to the relevant health care professionals in a timely manner.

Good



Is the service caring?

The service was caring.

People we spoke with were happy with the care and support they received. Visiting professionals commented that caring relationships between people using the service and staff had been developed.

People and their relatives were involved in the development and reviewing of plans of care and recorded their involvement and decisions.

People were supported by staff who were committed to the promotion of people's rights and who listened to and respected people.

Good



Is the service responsive?

The service was responsive.

People's needs were assessed prior to moving into the service. Staff knew how to support people and took account of people's individual preferences in the delivery of care.

People we spoke with told us they had no reason to complain but were confident that their concerns would be listened to and acted upon.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager and staff had a clear view as to the service they wished to provide which focused on promoting people's rights and choices and providing a service that supported people's independence. Staff were complimentary about the support they received from the management team and were encouraged to share their views about the services' development.

The registered manager undertook effective audits to check the quality and safety of the service. The service had strong links with health and social care professionals which helped to ensure people were in receipt of quality care.

Good



Barclay Street

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 the 20 January 2015 and was unannounced. The inspection was carried out by two inspectors.

We spoke with two people who used the service and a visiting relative. We spoke with the registered manager and three care staff. We pathway tracked the care and support of two people, which included looking at their plans of care to check that they were receiving the care they needed. We

looked at four staff recruitment and training records. We looked at records in relation to the maintenance of the environment and equipment along with quality monitoring audits.

We contacted commissioners for health and social care, responsible for funding people that live at the service and asked them for their views about the service. We also contacted health and social care professionals who provide support to people using the service, which included a Speech and Language Therapist, Community Nurse for people with a Learning Disability and Social Workers.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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.

We reviewed the information we held about the service, which included 'notifications'. Notifications are changes, events or incidents that providers must tell us about.

Is the service safe?

Our findings

One person we spoke with told us that they felt safe at the home and that the staff made them feel safe. We spoke with a visitor who was visiting their relative. They told us they had confidence that staff kept their relative safe. They told us “Staff are consistent with their approach.”

Our observations showed that staff supported people consistently with the information contained within people’s plans of care and risk assessments, which supported the person in keeping safe. For example people were supported when using mobility equipment to move around the service.

Plans of care supported by risk assessments were in place for when people’s behaviour became challenging, which included clear guidance for staff to follow to ensure the safety of the individual and others around them.

Staff we spoke with were able to tell us how they supported people individually, which included the use of distraction techniques which were known to reduce an individual’s anxiety to prevent escalation which could have resulted in a risk of harm to self or others. Staff told us that following an incident where someone’s behaviour became challenging, the staff team met to discuss the event. This provided staff with an opportunity to reflect and review how they would support people differently in the future to reduce the risk of reoccurrence.

Upon arrival at the service the registered manager gave us a brief overview of some of the people who used the service with regards to their day to day routines, which included information as to how we were to respond to specific questions or behaviours people presented. This showed that the registered manager promoted the rights and needs of people and ensured that people using the service did not experience inconsistencies of information by people they did not know, which may have affected their wellbeing.

Areas of identified risk which may impact on people’s health and welfare had been identified and measures to reduce the risk put into place. Examples being equipment to reduce the risk of the development of pressure sores and the need for specialist diets or dietary supplements. Peoples’ plans of care and risk assessments were regularly reviewed.

The registered manager and staff we spoke with had a comprehensive understanding as to the needs of people and how to support them, which promoted their rights and choices, which included access to community facilities. People were supported by staff to access services independently where practicable or with staff support to ensure their safety was maintained and promoted.

Prior to the inspection visit we requested information from social visiting professionals whose names had been provided to us within the PIR submitted by the provider. A visiting professional told us that a person they supported at the service had experienced a physical assault by another person using the service. They advised us that the service had dealt with this appropriately and had referred the abuse to the relevant local authority and police. The service had put into place the appropriate protection plans to ensure the safety of those involved.

We spoke with members of staff and asked them how they would respond if they believed someone using the service was being abused or reported abuse to them. Staff were clear about their role and responsibility in reporting their concerns and were aware of their role in the promoting of people’s choices and rights.

People’s safety was supported by the provider’s recruitment practices. We looked at staff recruitment records and found that the relevant checks had been completed before staff worked unsupervised at the service.

There were effective systems in place for the maintenance of the building and its equipment and records confirmed this, which meant people were accommodated in a well maintained building with equipment that was checked for its safety.

We found there were sufficient staff on duty to meet people’s needs and keep them safe. The registered manager told us that staffing numbers were increased when people required additional support with their day to day lives. This included supporting people when their behaviour became challenging as well as when support was required in the accessing of community resources such as for health care appointments and social activities. Staff we spoke with told us that in their view there were sufficient staff which kept people safe and met their individual needs.

Is the service safe?

We saw staff administering medication at lunchtime and noted that staff gave people the opportunity to decline to take their medication.

We contacted the pharmacist who supplied medication to the service prior to our inspection visit. They informed us they had supported the service by providing training and that any points they had made had been actioned.

We looked at the medication and medication records of two people who used the service and found that their medication had been stored and administered safely. We looked at the records and storage of a person's controlled drugs and found there to be an accurate record. (A

controlled drug is one whose use and distribution is tightly controlled because of the potential for it to be abused.) This meant people's health was supported by the safe administration of medication.

People's plans of care included information about the medication they were prescribed which included protocols for the use of PRN medication (medication, which is to be taken as and when required). This ensured people received medication consistently. Staff we spoke with were aware as to when and how people were to be administered PRN medication, which was consistent with the plan of care and PRN protocol.

Is the service effective?

Our findings

We spoke with a visiting relative, they told us “I’m aware of the training staff receive I am very involved in the service.” They said that in their opinion the staff had the appropriate knowledge and skills to support their relative effectively and well.

We spoke with staff who told us about their induction when they commenced work. They said it had been comprehensive and had included working alongside experienced staff, becoming aware of the provider’s policies and procedures and reading the plans of care for people. Staff told us their induction had included training and that they had continued to access training required for their role on an on going basis.

Staff told us how their training enabled them to support people effectively and discussions with staff showed that they were knowledgeable about the individual needs of people and how they supported people effectively on a day to day basis. An example of this being that staff had recently undertaken training in the administration of medication to be administered to a person during an epileptic seizure and that this had been in response to a persons changed need.

People living at the service were supported by staff who had received training which enabled them to support people appropriately when their behaviour became challenging. Staff had received Non-Abusive Psychological and Physical Intervention (N.A.P.P.I). which is specialist training recognised by the British Institute of Learning Disabilities (B.I.L.D.) People’s plans of care including risk assessments which provided clear information for staff on how to support people through the use of distraction techniques.

Staff said that there was good communication between the registered and deputy manager and care staff. Information was shared during daily ‘handovers’ which involved all staff, and were used to update staff on people’s health and well-being. Staff also told us they attended regular staff meetings where issues were discussed. We noted throughout our inspection that staff communicated effectively with each other to ensure people’s needs were met.

Staff advised us that they were regularly supervised and appraised by the registered and deputy manager, which

included one to one meetings which focused on their personal development and the needs of people using the service. Staff also told us that their competency to deliver appropriate care and support was observed by the management team and that they were provided with feedback as to their interactions with people. Staff told us they found this supportive as they received positive and constructive feedback that enabled them to continually improve the care and support they provided.

Care records showed that the principles of the Mental Capacity Act 2005 (MCA) had been followed. The MCA (2005) is a law which provides a system of assessment and decision making to protect people who do not have the capacity to give consent themselves. One person’s records included information about a best interest meeting that had been held that had involved the person’s relative, representatives of the service, a social worker and health care professionals. The minutes of the best interest meeting documented the reasons as to why a decision was being made on the person’s behalf due to their lacking capacity. The best interest decision had been recorded which included a date when the decision was to be reviewed.

The Care Quality Commission is required by law to monitor the operation of the MCA 2005 and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We talked with the registered manager and staff about the MCA and the DoLS and what that meant in practice for the service. They were knowledgeable about how to protect the rights of people who were not always able to make or communicate their own decisions and their comments included “It’s about giving people the opportunity to maintain control of their own lives and day to day decisions. On a day to day basis we ask people what they would like to wear, what they would like to eat and whether they want to go out and if so where.” And “It’s about supporting people when they cannot make decisions for themselves and involves professionals who help decide what’s in someone’s best interest”.

When we arrived at the service a number of people were getting up and going to the dining room for their breakfast. Staff asked people what they wanted to eat, which was then provided. Staff we spoke with told us they were responsible for the preparation and cooking of meals and

Is the service effective?

that some people who used the service were involved in the cooking of meals. At lunchtime people were again asked what they wanted to eat and a wide selection of choices were made available.

People's records included nutritional assessments which in some cases identified people were at risk of poor nutrition and hydration or at risk of choking. Visiting professionals had been involved in the assessment of people's needs, which included dietary plans developed by Dietitians and Speech and Language Therapists (SALT). Plans of care reflected the support people required, which in some instances included a soft diet to reduce the risk of choking or specialist diets to support people's health such as a diabetic diet or fortified food and drink supplements. In some instances specialist equipment such as knives or forks with handles that encouraged a person to eat independently, had been assessed and provided.

People's food and fluid was recorded where a risk to people's nutritional intake had been identified. In addition people's weight was monitored and referrals made to relevant health care professionals where concerns were identified. We spoke with staff who had a good understanding as to the dietary needs of people who used the service and were able to comprehensively explain how people with dietary needs were supported. The records of one person demonstrated how their health with regards to their weight had improved since their dietary needs had been assessed and plans of care with the involvement of visiting professionals had been put into place and acted upon.

People using the service were encouraged to share their views about their meals as part of 'resident meetings', which were regularly held. People using the service were involved in the ordering of food 'online' and accessed local shops to make individual purchases for themselves.

A visiting professional told us that they had worked alongside the staff supporting a person with complex communication and eating and drinking difficulties. They said that the staff had taken on board their advice and plans of care quickly and that they had asked appropriate questions to ensure practice issues were addressed.

A visiting professional stated that the staff team had cultivated good working relationships with other professionals, particularly their GP, which ensured that medical issues were managed as quickly as possible. Information from a visiting professional told us that a person they supported at had had occasional falls, and that the service had been prompt in reporting these and proactive in taking necessary steps to reduce these risks and minimise harm, and had sought medical attention appropriately.

During our inspection we heard the registered manager contact the GP about an issue affecting a person's health. The GP returned their call and discussed with the registered manager an appropriate way forward. A prescription for medication was made available and was collected and taken to the pharmacy by a member of staff. This showed an effective working relationship between health care services and the service, which ensured people received effective and timely care.

Records showed people had timely access to a range of health care professionals. People's records we viewed showed a range of health care professionals were involved in their care, which included doctors, specialist nurses, chiropodists and dietitians. Specialist services such as 'outreach' also supported people within the service in the assessment and development of plans to enable staff to provide a consistent approach when supporting people whose behaviour could challenge.

Is the service caring?

Our findings

People who used the service shared with us their views about the staff, including their attitude and approach to them. People's comments included. "I'm happy here, the staff are nice and they look after me."

A visiting relative told us. "Staff, I like them very much, they know my [relative] well". They went on to say that staff are caring in their approach and are always helpful when asked questions about their relative.

People were able to receive visitors without any restrictions and could see them in private in a quiet room.

Prior to the inspection visit we received information from a visiting professional. Their opinion was that the service was responsive and caring and was generally warm and homely. They stated that they had observed people being treated respectfully and their preferences considered as far as possible. They had recognised that some people had very complex needs and that the staff worked with people with "open minds, good humour and care". A visiting professional advised us that they currently had one person placed at the service and that they always appeared happy and settled in the placement and that the person had an especially good relationship with the registered manager.

We observed people being supported by staff in a caring manner throughout our inspection. We noted positive relationships between people and staff which included laughter and conversation as well as the provision of support to people in going out and receiving personal care.

Staff were knowledgeable about people's lives prior to their moving into the service and had in many instances developed good relationships with their relatives and friends, which helped them in providing support and reassurance. Throughout our inspection we saw people ask questions of the registered manager and staff about issues which affected them or that they were worried about. All staff were observed to provide timely reassurance that met

the person's needs and reduced their concern and anxiety. For one person this was reassurance about a forthcoming birthday party and their invitation to attend, whilst another person required reassurance about shopping for personal items.

Staff told us that they encouraged people to make decisions for themselves and promoted their independence by offering people choice, which included asking people when they wanted to get up in the morning, what they wanted to wear and what they wanted to eat. Staff told us that if people chose not to get up, declined a meal or personal care, then they respected the person's wishes and returned later to ask them again.

People's assessed needs and plans of care included information about their preferences with regards to lifestyle choices and the role of staff in supporting them. People's plans of care were person centred and were specific to the person's needs. Staff told us that people using the service decided which staff supported them, for example with support with personal care. Staff told us they were committed to meeting people's individual needs which were led by the people themselves and not by routine or task.

Daily records included information about each person's day and any view or opinion they had expressed, their involvement in activities in or outside of the service and contact with other people such as relatives, friends or professionals. This reflected that people's views were recorded and showed how people were involved in making decisions.

People's bedrooms were respected as their own space and the décor and furnishing reflected their individual tastes and interests. We noted staff did not enter a person's bedroom until they had knocked on the door and introduced themselves. One person showed us their bedroom as they wanted us to see their new television and other personal items.

Is the service responsive?

Our findings

A visitor told us that they were consulted about the plans of care for their relative and that they had been involved in decisions about the person's care and support. They said staff were knowledgeable about their relative's needs

Prior to the inspection a visiting professional provided us with their views about the service. They told us that staff provided person centred care. Stating that people were often going out and that on their visits to the service had noted people going shopping, to the cinema, bowling etc. and that they had observed people taking part in house activities which included reflexology and pampering sessions. They told us that people were supported to maintain interests which they already accessed prior to moving into the service and that this had improved their quality of life.

A discussion with the registered manager about the needs of one person identified how the staff at the service had enabled a person through encouragement to on occasions take part in activities outside of the service. The registered manager said the person rarely asked to go out due to their anxiety and that when they did express such a wish then staff responded to their request immediately to ensure the person was supported.

Discussions with staff and records showed that people using the service were supported to maintain and develop relationships with their relatives and friends. People were supported by staff to visit family and friends and visitors were welcomed to the service. People's relatives were encouraged to take part in their day to day lives and decision making, with the person's agreement.

Assessments of people's needs had been carried out by a social worker prior to accessing the service. The registered manager told us that in addition they carried out their own assessment to ensure that the service was able to meet the needs of the person. They also considered the impact a person moving into the service may have on those already living there.

Plans of care had been developed from people's assessed needs and their views about their care had been incorporated. This included information on their personal history, preferences, interests, aspirations and goals. People's needs were regularly re-assessed and the appropriate changes made to their plans of care. A health

care professional we contacted provided us with information that stated that any issues were discussed and resolved in a positive and solution focussed way. A second health care professional advised us that the registered manager was open to the advice of professionals and that any requests for advice and support were implemented.

A person we spoke with told us they enjoyed visiting the local shops and attending a disco in town. They also said they went out for meals and to the pub for a drink and that the previous year they had gone on holiday.

We heard staff responding to people, consistent with their plan of care. When people asked for something to eat or drink, or to go out and purchase items this was quickly acknowledged by staff and acted upon, which promoted people's independence and choice. One person who used the service offered us and made us a hot drink. During our inspection we observed that staff asked people what they would like to do. In the afternoon people chose to sit and watch a film and we saw staff respond to people's requests as to the film title they watched.

Records showed people were supported to achieve their goals which included attending college courses. On the morning of our inspection one person left the service to go to college. Their request for money for lunch was promptly responded to. We saw one person asking staff about going out and buying items that were important to them. The registered manager responded to the request and the person was supported to come to a decision as to what they would buy. When the person returned to show staff what they had bought, staff took an active interest in the person's purchases.

People who use the service had the opportunity to attend meetings to share their views about the service. Minutes of meetings recorded people's views about the weekly menu and food choices and successive meetings recorded how people's views were acted upon. For example, the menu had been changed to reflect people's views. People had had recorded their ideas for activities, which included day trips, of which some had been acted upon as reflected within people's individual records.

A person we spoke with told us they would be confident to talk with staff if they were unhappy about something. A visitor there to see their relative told us they had not had to

Is the service responsive?

make a complaint, however they told us they were confident that should they raise any concerns these would be listened to and acted upon. A complaints procedure was in place and was displayed on the notice board.

The 'signing in book' for visitors to the service included a space for people to comment on the service. We found there were positive comments about the service provided from relatives of people who used the service and visiting professionals.

Prior to the inspection the provider returned the PIR, which stated that the service had received three written compliments within the last twelve months but no written complaints within the same time period. Records we looked at confirmed that the service had not received any complaints and we saw positive comments had been written by visiting professionals within the 'visitors book'.

Is the service well-led?

Our findings

The registered manager demonstrated their enthusiasm and commitment to those who used the service. They had a comprehensive understanding of people's needs and they demonstrated how they worked with other agencies. This enabled people receiving a service to have their needs met, with consideration to their rights and choices and the promotion of their independence reflective of their goals and aspirations.

People we spoke with, which included people who used the service, visitors and health and social care professionals were confident to speak with the registered manager and staff. Information showed there was an open culture between all relevant agencies who worked effectively together for the benefit of those using the service.

Staff we spoke with told us they attended regular meetings and said they were actively encouraged to share their views about the service. Minutes of staff meetings showed staff discussed the day to day running of the service, which included the importance of team work, health and safety issues and on going training along with the needs of people who used the service. They told us that this enabled them to meet people's individual needs and provide a consistent approach to people's care and support.

Staff said that their supervision and appraisal by the management team provided them with an opportunity to discuss any issues of concern and to discuss their personal development. We asked staff what their understanding was of the values of the service and its aims and objectives. A member of staff said "To make people's lives nicer, taking people out and promoting their independence."

The registered manager told us they had sent out questionnaires to people's relatives or significant others each year to seek their views about the service. We looked at five completed questionnaires dated July 2014. People's comments were complimentary. We found visiting health and social care professionals had recorded complimentary comments within the 'visitor's book'. However the provider did not have a formal system for requesting the views of health and social care professionals or the staff they employed, neither did the provider provide those who had been sent questionnaires a summary as to the questionnaires findings and proposed plans for the

development of the service. This potentially restricts the openness and inclusiveness of the service. The provider had with the PIR identified their intention to make improvements to quality assurance questionnaires and to provide a suggestion box.

Staff knew how to access and use the provider's policies and procedures. This included the provider's whistle-blowing procedure to report concerns about people's safety.

The service had a registered manager in post and there was a clear management structure. The registered manager was supported by the deputy manager and a representative of the provider, who carried out visits as part of the providers' quality assurance system.

We asked staff for their views about the management and leadership of the service. They told us "You can approach [registered manager and deputy manager] anytime. They are both professional but relaxed and willing to help and offer advice. "A second member of staff said "The [registered manager] is brilliant and supportive. We have a good team approach."

Before the inspection the provider sent us the completed PIR, which identified areas for improvement over the next twelve months. The provider had identified additional training for staff, improvements to communication and information sharing with health and social care professionals and relatives of people using the service, which included meetings and quality assurance questionnaires. In addition they propose the further development of documents that record the care people receive.

The provider had systems in place to regularly assess and monitor the quality of the service. The registered manager notified us of significant events that affected people's safety and wellbeing including any allegations of harm and abuse. Risks were assessed and management plans put in place to ensure people were protected. People's plans of care and the guidance for staff was reviewed regularly to ensure it was appropriate.

The provider representative also monitored how the service was run. Records of their visit to the service showed that they monitored the progress of the action plan and

Is the service well-led?

where necessary made amendments. This demonstrated that the provider was actively involved and supported the registered manager to ensure the home continued to improve the quality of service people received.

Other audits included checks on people's plans of care, infection control, and health and safety and the maintenance of the building and equipment. Incidents and accidents were analysed and action plans in place were monitored by the provider to ensure steps were taken to

prevent it from re-occurring. The management team sought professional and expert advice when they had concerns about people's health and maintain their knowledge with regards to best practice and changes in legislation.

The service had developed links with the local specialist health care professionals, which had helped staff to get timely advice to support people that became unwell or had behaviours that challenged.