

## Parkcare Homes (No.2) Limited

# The Foam

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on the 24 March 2017 and was unannounced. The Foam provides accommodation and support for up to three people who may have a learning disability, autistic spectrum disorder or physical disabilities. Although the service is not accessible to people in wheelchairs it had been adapted in areas to better suit the needs of people with mobility issues. At the time of our inspection three people were living at the service.

The previous inspection on 25 and 26 November 2015 found five breaches of our regulations, an overall rating of requires improvement was given at that inspection. The provider had not ensured staff that were lone working had the right skills, information or competency to provide support to people. Robust recruitment processes had not been completed to ensure staff were suitably employed. Medicines had not always been managed safely and the environment posed a risk to people's safety. People's care plan documentation had not been kept up to date and the support people received did not always meet their needs. The provider's systems for monitoring the service was not effective and feedback had not been responded to appropriately. The provider sent us an action plan following this inspection to tell us how they would improve. The provider had resolved the issues raised at the previous inspection which were no longer a concern at this inspection.

The service had a registered manager in post. The registered manager also had oversight of two other services. A registered manager is a person who is registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations, about how the service is run. The registered manager was present throughout the inspection.

The service is a small single storey style house. People's bedrooms were all located on the same floor as the communal living/dining room, bathroom, kitchen, and office which was also used as a sleep in room for staff. There was a large enclosed garden to the rear of the property.

Staffing was sufficient and flexible to meet people's needs and staff had appropriate training and experience to support people well. Recruitment processes were in place to protect people and ensure staff employed were suitable for their roles.

There were safe processes for storing, administering and returning medicines. Staff were trained to administer medicines and had descriptive guidance to follow to support people with their individual needs.

Robust safeguarding and whistleblowing guidance and contact information was available for staff to refer to should they need to raise concerns about people's safety. The registered manager reviewed safeguarding information on a regular basis to ensure staff had the most current information to refer to.

People were supported to manage their individual behaviours and staff demonstrated they had the right

skills and knowledge to respond to this appropriately. Throughout the inspection when people became anxious staff were able to defuse the situation and prevent a further escalation of anxieties. Risk had been assessed and action taken to reduce the risk of harm people may be exposed to. Appropriate checks were made to keep people safe and safety checks were made regularly on equipment and the environment.

There was good management and oversight of accidents and incidents. The registered manager and provider analysed reports to determine satisfactory action had been taken to prevent repeating incidents and to identify any patterns which may require further monitoring.

Parts of the environment had been refurbished and decorated creating a more homely environment for people.

The registered manager demonstrated a clear understanding of the process that must be followed if people were deemed to lack capacity to make their own decisions and the Mental Capacity Act (MCA) 2005. They ensured people's rights were protected by meeting the requirements of the Act.

People had choice around their food and drinks and staff encouraged them to make their own decisions and choices. Referrals were made to healthcare professionals when people were highlighted as being at risk when eating and drinking. Staff followed the guidance implemented by the health professionals to minimise the risk to people's safety.

People moved freely in their home and were at ease in the company of staff. Staff understood the importance of supporting people to maintain their individuality and respected their choices even when capacity may be lacking. Staff demonstrated they understood people's communication needs well and spoke to people in their preferred way.

Care plans were meaningful and contained specific detail so staff could understand people better, care plans were a reflection of what happened in practice. People chose to participate in a variety of recreational activities inside and outside of the service. People had more freedom around the activities they chose since more staff had been deployed. Throughout the visit all people went out to do various activities.

The service responded to complaints appropriately. There were systems in place outlining timescales of the complaints process and details of what actions the complainant should expect throughout the investigation process. We told the registered manager that further clarity was needed for staff to understand when to formally document concerns raised by one person.

The registered manager had worked hard to establish good routines and working practice within the service. Staff understood their roles well and felt able to ask the registered manager for advice and support at any time.

The provider strived to continually improve the service to improve the lives of the people. They conducted their own internal audits and quality assurance checks so improvement was driven. People's feedback was sought and listened to so they felt more satisfied living at the service.

## 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.

There were enough staff to support people and meet their individual needs. Recruitment processes were in place to protect people.

People received their medicines safely. Risk had been assessed and action taken to reduce the risk of harm people may be exposed to.

Accidents and incidents were recorded and audited to identify patterns.

### Is the service effective?

Good ●

The service was effective.

The provider was meeting the requirements of The Mental Capacity Act 2005.

Staff felt supported and listened to they had appropriate training to support people with their individual needs.

People were supported to make their own choices around their food and drink.

People's health needs were responded to promptly and people were supported to access professional healthcare when they required this.

### Is the service caring?

Good ●

The service was caring.

People were supported to make their own decisions and choices even when capacity may be lacking.

Staff spoke to people kindly and in a way that suited their individual needs.

People were responded to quickly and staff helped people

manage their anxieties in a positive way.

### Is the service responsive?

Good ●

The service was responsive.

People benefited from care plans which were meaningful, informative and a reflection of how support was offered in practice.

Peoples communication needs were well documented to help staff communicate in a person centred way.

People chose what activities they wished to do and had more freedom around this since staffing deployment had improved.

There was a complaints procedure available for people should they be unhappy with any aspect of their care or treatment.

### Is the service well-led?

Good ●

The service was well-led.

Audits and reviews were made to check what areas in the service could improve. Action was taken from audits to improve the lives of the people.

People's feedback was sought and listened. Following feedback changes were made to improve the outcomes people experienced.

The registered manager had good oversight of the service and there was a clearly embedded culture, staff had good attitudes.

# The Foam

## **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 24 March 2017 and was unannounced. The inspection was conducted by one inspector.

Before our inspection we reviewed information we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to tell us about by law. We reviewed the Provider Information Return (PIR) and used this information when planning and undertaking the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

During the inspection we spoke with three people, two staff, and the registered manager. After the inspection we received feedback from one healthcare professional. Some people were not able to express their views clearly due to their limited communication, others could. We observed interactions between staff and people.

We looked at a variety of documents including three peoples support plans, risk assessments, activity plans, daily records of care and support, three staff recruitment files, training records, medicine administration records, and quality assurance information.

# Is the service safe?

## Our findings

A staff member said, "I would say the biggest improvement is the staffing and activities for the clients. You can do so much more with them, more opportunity has opened up".

At our inspection on 25 & 26 November 2015 we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had not deployed enough staff with the right skills, competency or information to provide appropriate support to people. The provider had resolved these issues which were no longer a concern at this inspection.

Staffing was sufficient and flexible to meet people's needs; staffing levels had improved since the previous inspection. One staff was available between 7am until 10pm, another staff worked between 8am until 8pm. During the night one staff member slept at the service. In the previous inspection one staff member finished their shift at 5pm leaving the other staff member to lone work from this time and throughout the night. This had impacted on the support staff were able to offer people with their individual needs. The registered manager or staff who worked between the two other services the registered manager oversaw covered any shortfalls if there were not enough staff to cover shifts. There was an on call system covered by the registered manager, operations manager and regional director should staff require guidance or support at any time.

At our inspection on 25 & 26 November 2015 we found that the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had failed to complete the required checks or obtain information to ensure the staff employed were suitable for the role. The provider had resolved these issues and recruitment processes were now in place that helped to protect people. Employment gaps had been explored, references and photographic identification obtained and Disclosure and Barring Services (DBS) checks made. These checks identified if prospective staff had a criminal record or were barred from working with vulnerable adults. Other checks made prior to new staff beginning work included health and appropriate identification checks to ensure staff were suitable and of good character.

At our inspection on 25 & 26 November 2015 we found that the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. People were placed at risk because medicines were not always managed safely and parts of the environment posed a risk to people's safety. The provider had resolved these issues and there were now safe processes for storing, administering and returning medicines. People had individual assessments around how they liked their medicines to be administered and staff that administered medicines were trained to do so. Medicine was audited each day and week by staff and the team leader to ensure no errors had been made. The registered manager conducted a further audit each month to check medicines were in order. When people required occasional medicines (PRN) staff had information to refer to so people received their medicines at appropriate times particularly if they were unable to verbally request it.

At the previous inspection we found the toilet chair in the bathroom was very dirty and grime was ingrained

into the tiles and surfaces of this room. The bathroom had been completely refurbished and cleanliness was no longer an issue. Sofas had been replaced and fire doors were no longer propped open in an unsafe way. Other areas of the service had been redecorated to make the environment more homely for people. Appropriate checks were made to keep people safe and safety checks were made regularly on equipment and the environment. This included fire equipment, electrical installation, gas safety, vehicle checks, and water temperature checks. Safety check tasks were allocated to staff in the diary to ensure these were not missed should staff be on holiday or away from the service.

Robust safeguarding and whistleblowing guidance and contact information was available for staff to refer to should they need to raise concerns about people's safety. Safeguarding incidents had been referred to the appropriate external bodies for investigation and the provider had notified The Commission of these events which is their statutory duty. Within people's care plans safeguarding information was available for staff which outlined what action staff should take if they suspected people were being harmed or at risk of this happening. A staff member said, "I would report to the team leader or manager, we have contact numbers to ring".

People were supported well to manage their individual behaviours. Staff could refer to strategy plans within people's care plans which highlighted how people presented behaviour when they were happy and relaxed or becoming anxious, upset and distressed. The strategy plans gave detailed descriptions of various behaviours the person may display and what behaviours may mean. For example, one person's plan said, 'I may stare at you and come up close looking for reassurance. Reassure me things will happen, tell me why I have to wait and provide a reason'. 'The speed and volume of my voice will become louder and quicker, I may shake my arms, rub my face and stomp my feet. Please stay calm when you are talking to me, this will really help me. Listen carefully to what is making me worried'. During the inspection staff were able to support people to manage their anxieties before they escalated.

Risk assessments had been included in people's care plans to identify areas of risk. Control measures were in place to minimise the harm people were exposed to and the action staff should take to support people with their individual needs. Assessments had been made in various areas such as mobility, roads, water, crowds, use of the kitchen and finances. People had individual personal emergency evacuation plans (PEEPs) that staff could follow to ensure people were supported to leave the service in the most appropriate way in the event of a fire. Staff regularly practiced fire evacuations to test if PEEPs worked well in practice.

There was good management and oversight of accidents and incidents. Each person had a section in the incident folder to record any events. Information was then transferred onto the provider's e-compliance system by the registered manager. The information was reviewed by the compliance team to assess what action had been taken to prevent incidents from re-occurring. The registered manager regularly reviewed information to analyse if people's behaviour was changing or if further behaviour strategies were required due to people's changing needs.



## Is the service effective?

### Our findings

A healthcare professional said, "Staff are very proactive in monitoring individual's needs and identifying solutions to problems if they arise. The person I see has some mobility difficulties and staff ensure referrals/assessments are sought from relevant professionals".

At our inspection on 25 & 26 November 2015 we found that the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had not ensured staff had received the required training to support people with their needs. Competency checks had not been made on staff who lone worked to ensure their working practice was acceptable. The provider had resolved these issues which were no longer a concern at this inspection.

Staff had appropriate training and experience to support people with their individual needs. Records showed that staff members received essential training to support them with their roles. Mandatory training included; First aid, health and safety, Mental Capacity and Deprivation of Liberty Safeguards, infection control, fire awareness, food handling, and medicines. Training was delivered in the form of face to face or e-learning. Additional training was offered to staff in areas such as managing behaviour, epilepsy, and dementia. A bank staff member who worked infrequently between the services had not kept up to date with all of their mandatory training. We discussed this with the registered manager as an area that needed to improve although the risk to people was minimised as the bank staff did not lone work. Staff were encouraged to gain qualifications in health and social care while working at the service. Four staff had obtained a Diploma in Health and Social Care (formerly National Vocational Qualification (NVQ)) level 2 or above. Diplomas are work based awards that are achieved through assessment and training. To achieve a Diploma, candidates must prove that they have the ability (competence) to carry out their job to the required standard.

The registered manager said staff were offered formal supervision every six to eight weeks to discuss the development of their roles and any issues or concerns they may have. Through supervision the registered manager could identify if further performance management was necessary to help staff in particular areas they may struggle with. A staff member said, "I get supervisions every few months. The manager is very good, approachable. We had to call her a couple of times and she came straight away. She's hands on, willing to help, fair. I have not had any problems she's very good". Staff were subject to medicine competency checks every six months and further training was offered should this be required.

New staff completed an induction delivered through the provider's internal system which was called 'The Priory Academy'. New staff were issued with their own learning development plan and completed mandatory training modules specifically developed for their job role. Mandatory training modules were based on The Care Certificate which was introduced in April 2015 and are an identified set of 15 standards that social care workers complete during their induction and adhere to in their daily working life. Once staff had completed the training modules through the on line system the registered manager checked their competency in practice before signing off the various modules. Parts of the induction were delivered through a face to face delivery, and induction was completed within the first three months of the staff member's

employment.

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 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. Two DoLS applications to deprive people of their liberty had been made. The registered manager had followed up applications with the authorising DoLS office to track their progress. Where people lacked capacity for less complex decisions, assessments of their capacity and a best interest process had been followed with involvement from other appropriate individuals who knew the person well, which was well documented. This ensured people were being restricted in the least restrictive way. Advocacy services had been sought on behalf of people to ensure people's capacity was well understood and the decisions made were in their best interest.

People were supported to eat and drink well. One person needed to have their food prepared in a specific way to reduce the risk of them choking. This person had been referred to the speech and language therapist (SALT) who had provided guidance to support them to eat safely. Staff had good awareness about this person's specific needs and put into practice the advised recommendations. A risk assessment had been incorporated into their care plan to highlight the risk associated with them eating their meals. We observed staff supporting the person with their lunch. The support offered was a reflection of the recommended interventions within the risk assessment. People were offered choice around their meals; although menus were planned each weekend people could choose on the day alternative options. A folder containing pictures of different meal options was available in the kitchen to help people make choices about their meals.

People were supported well to monitor their health care requirements. Each person had a health action plan outlining their individual needs, information included appointments they had attended or were planned and if the person had any allergies. People were supported to visit their GP, optician, dentist or nurse at the appropriate times. Hospital passports were available which contained important medical and communication information should people need to be admitted to hospital.

## Is the service caring?

### Our findings

A healthcare professional said, "They are extremely fond of (person) and always ensure interventions are in their best interest". A staff member said, "It's nice to think the home has become a nice, family, happy house. They are very well looked after here; there is a genuine staff team".

People's choices were respected and consent was sought. One person preferred staff not to go into their bedroom without their presence or permission and kept their door locked. They carried the key to their bedroom door with them at all times. Staff respected the person's wishes and always asked before entering their personal space. This person asked us to go and look at their bedroom with them. They pointed out various personal items they kept in their bedroom and said they were happy with how their room was decorated which they had chosen. Where possible people's consent was sought in relation to the information contained and shared in their care plans and people signed documentation to agree they understood its content.

When people were lacking in capacity staff still encouraged them to make simple choices and decisions to promote their independence. A staff member commented, "When we went out the other day I said it's your house and your breakfast you need to choose. When I took people on the bus I gave them the money to pay, I try to encourage people to do as much as possible, staff are here to support, it's the little things".

Throughout the inspection people were always asked before staff offered them support may it be with eating their meals or choosing what they wanted to do. A staff member asked a person if they wanted to visit a neighbour who was selling various biscuits and cakes in aid of a nationwide charity event which was happening. The person happily went with the staff member and came back with a homemade cookie they had chosen.

Staff listened to people's requests, supported them with choices and responded quickly when people became distressed. For example, one person returned from their outing and said they wanted to watch the television. The registered manager responded to the person immediately and asked them which programme they wanted to watch. A person became distressed and anxious about their lunch which they had chosen. Staff reassured the person and explained to them what they were having and when it would be ready.

Staff understood the importance of supporting people to maintain their individuality. One person liked to dress smartly each day and wore a hat when they went out. This was well recorded in their care plan and was a reflection of what was observed during the inspection. A staff member said, "(Person) is very particular about their clothing. They always wear a tie, shirt and jumper. One of the main things is to help clients have choice. It is so nice (person) knows their choices and what they like". One person liked to look through a photograph album which contained photographs of many of their relatives and other important individuals. Staff told us the person loved to look through the album pointing to their family and naming them. During the inspection the person showed us their photo album and described all the individuals in it.

People moved freely around their home and were comfortable doing so. People frequently came to the office to talk to the registered manager who kept the door open. People were kept involved in all aspects of the service. A staff member asked a person if they would like to help them cook the evening meal.

## Is the service responsive?

### Our findings

A healthcare professional said, "I have always found care plans and risk assessments clear and appropriate. I feel the service provided is person centred. There has been a relatively stable staff team over the years and the staff have been very supportive. I think the service strives to ensure people are engaged in the local community and supports them to lead a varied and active social life. (Person) is encouraged to maintain and develop their independence skills".

At our inspection on 25 & 26 November 2015 we found that the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. Peoples care records had not been kept up to date and the support people received did not always meet their needs. The provider had taken action to address this shortfall which was no longer a concern.

Peoples care plans had been updated and contained up to date information for staff to refer to when supporting people with their individual needs. People's care files were written in an easy read format which included pictures to help people understand its content. Information included a personal profile, personal development and support needs assessment, overall placement aims and objectives, and information around specific aspects of the person's life such as personal care, risk assessments and behaviour support plans.

Care plans were meaningful and contained specific detail so staff could understand people better. For example, one person's personal care support document said, 'Staff ensure the door is closed, continuously encourage (person) to do as much as possible for themselves and remain with them at all times. Tell (person) what is happening, i.e. "(Persons name) I'm going to wash your back", "(Persons name) here's the flannel and shower gel, put the shower gel on the flannel and wash your arms". To support this written information, photographs of the shower and the person's toiletries were included to make it more meaningful to the person. A staff member said, "I refer to the care plans, they basically tell you what you need to know and how to support clients".

Staff demonstrated they understood people's communication needs well. People had communication passports to help staff understand how to communicate with people in a person specific way. The passports covered: 'How I tell you things, how to help me make choices, important things in my life, things I like, things I don't like and how I chat with you'. During the inspection we observed staff talk to people in their preferred way. A staff member sat directly in front of a person to maintain good eye contact, they spoke slowly in simple sentences and waited patiently for the person to respond to the communication before asking them anything else. This was a reflection of what the persons communication document said; 'Communication- maintain good eye contact, speak clearly, use understandable phrases, repeat for understanding'.

There was good oversight of people's holistic needs. People had annual reviews to discuss all aspects of their wellbeing, health and support needs. Relatives and health care professionals were invited to attend reviews and recorded documentation was kept in the person care records following reviews to maintain a detailed history of the person's life. Each person was assigned a key worker. Key workers offered people

regular meetings to discuss any aspects of their life, recordings of the discussions during these meetings were document so staff could analyse if goals and aspirations had been achieved.

Pre-admission assessments were completed for people before they moved into the service. This ensured people's needs were understood and the provider could be assured the service could provide the right kind of care and treatment the person required. Pre –admission assessments covered family and professional views, hopes and aspirations, diagnosis and background, specific behaviour and communication and sensory needs. This information was used to build care plan information so staff had good guidance documented to refer to so they were able to understand the person better.

People chose to participate in a variety of recreational activities inside and outside of the service. A vehicle was available for people to use and a bus stop was close by. A staff member told us, "I enjoy working here, there isn't a rigid structure, you can pop out with people, it's quite flexible and good for us and them". Another staff member commented, "I take (person) on the bus to Folkestone and another person to New Romney on the bus to have a Costa coffee and cake". During the inspection all people went out to do various activities, one person went to a day centre which they regularly attended and some people went shopping. Because staffing had increased people had more flexibility to go out when they chose. A staff member asked a person if they wanted to go for a drive in the vehicle to pick the other person up from their day centre which they happily agreed to.

People had been on holiday, one person had been on a Warner Holiday in November 2016 to see a comedian and they planned to go back in July 2017 to see the Jersey Boys. While the bathroom was undergoing a refit all people had gone on a short break to the local cavern park which people had enjoyed. The registered manager said this had been a significant progressive step for a person who could become anxious. They planned to build on this success and arrange further short breaks for the person to attend.

The service responded to complaints appropriately. There were systems in place outlining timescales of the complaints process and details of what actions the complainant should expect throughout the investigation process. An easy read format was available for people who may need it. When concerns or complaints were made these were recorded and follow up action taken and recorded. We informed the registered manager that although a person could verbally raise complaints more clarification was needed to inform staff of when these should be recorded formally. The registered manager agreed and said they would discuss with the staff team how this could be improved. Other people relied on staff to understand their body language and behaviour as they were unable to raise verbal complaints formally. There were no open complaints at the time of the inspection.

## Is the service well-led?

### Our findings

A healthcare professional said, "I am kept up to date and always get an e-mail or phone call if issues arise". A staff member said, "I think we have good communication, particularly since the manager took over. Things seem to be dealt with quickly either by the team leader or manager".

At our inspection on 25 & 26 November 2015 we found that the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider's systems for monitoring the safety of the premises was not effective and feedback from people had not been responded to appropriately. The provider had taken action to address this shortfall which was no longer a concern.

The registered manager split their time between The Foam and the two other services they oversaw. The registered manager said, "Staff are much happier now. Things are much more structured and organised. They have the right guidance available and know where to find it".

There was good communication and processes between staff to ensure people's daily needs were met. Handover sheets were completed each day to record any appointments people had been to, what staff were on duty, if there had been any visitors, if money was correct, medicines had been administered appropriately, and if any incidents or accidents had been recorded and reported to the registered manager. Handover sheets also included information about who was on call and useful phone numbers for staff to use in emergencies or should they need any help or guidance. Staff used a communication book for general information sharing and a diary was utilised so appointments and events were not missed.

Regular staff meetings were organised which gave staff an opportunity to give feedback and be kept informed of any changes that may affect their working practice. The most recent meeting had been held in January 2017. The registered manager gave staff an update on the progress made since their most recent internal compliance visit and covered areas such as updates to care plans/health action plans, activities, and health and safety. A staff member said, "We do have regular staff meetings, I can't always attend but will read after. There is a communication book, handover sheet and diary. I get enough information when I come back in. If I've read something's happened I will go through the day books".

The provider listened to people and their representatives and acted on feedback. Questionnaires were sent to people, outside professionals, relatives and staff. The registered manager was in the process of sending out newly revised questionnaires so feedback had not been obtained at the time of the inspection. The registered manager said once surveys were returned feedback would be analysed and action taken to improve identified areas. People were routinely asked for their feedback during their key worker meetings. Some people often declined to participate in their key worker meetings which was documented to demonstrate staff had given people the opportunity to participate in this but had respected their decision not to.

The provider took action to drive improvement in the service and had a robust process for monitoring and analysing quality within the service. A senior manager conducted service reviews, following their visits a

report was made and action plan created outlining timescales for improvement to be achieved. The most recent service review had been conducted in March 2017 which followed up on the previous review in December 2016. Areas of improvement highlighted in the December review included refurbishment of the bathroom facilities, staff training, behaviour support information, individual communication information and activities. The March review found action had been taken in each of the areas and improvement had been made.

Further internal audits were conducted to ensure the service provided safe care and treatment for people. The team leader conducted monthly health and safety and medicine audits and six monthly infection control audits. The registered manager and senior manager conducted quarterly audits covering all areas of the service. The most recent quarterly audit was conducted in March 2017. During this audit the environment, staffing, safeguarding, Mental Capacity Act, medicines, support plans, and health and safety were analysed. Where improvements had been made this was recorded and where further recommendations were made this was highlighted for the registered manager to address.

A safeguarding audit tool was completed every six months to check information including contacts and numbers were current so staff had the right information to support them. The registered manager kept good oversight of the service and regularly reviewed further areas such as staff sickness, training and policies. The registered manager said, "I don't think there are any challenges at the service, last year there was but we've got all the paperwork sorted now. We don't want to run before walking but we feel things are much more settled so now we will be looking to see how we can push the service forward". The registered manager understood their responsibilities in relation to notifying The Commission and other professional bodies about incidents which occurred at the service.