

Ascot Care North East Limited

# The Gardens Care Home

## Inspection report

Pondfield Close  
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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

The inspection took place on 11 and 12 February 2016. The inspection was unannounced.

The Gardens is a residential care home based in Darlington, County Durham. The home provides personal care to older people and people with dementia. It is situated close to local amenities and transport links. On the day of our inspection there were 53 people using the service.

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

We spoke with a range of different team members; care staff, senior care staff, kitchen staff and housekeeping staff who told us they felt well supported and that the registered manager was caring, supportive and approachable. Throughout the day we saw that people who used the service and staff were comfortable, relaxed and had a positive rapport with the registered manager and with each other. The atmosphere was welcoming, homely and relaxed. We saw that staff interacted with each other and the people who used the service in a friendly, supportive, positive and respectful manner.

From looking at people's detailed care plans we saw they were written in plain English and in a person centred way and they also included a 'one page profile' that made good use of pictures, personal history and described individuals care, treatment and support needs. These were regularly reviewed and updated by the care staff and the registered manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP, continence advisor or chiropodist.

Our observations during the inspection showed us that people who used the service were supported by sufficient numbers of staff to meet their individual needs and wishes.

When we looked at the staff training records they showed us staff were supported and able to maintain and develop their skills through training. The staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. We also viewed records that showed us there were robust recruitment processes in place.

We observed how the service administered medicines and how they did this safely. We looked at how records were kept and spoke with the senior staff that was trained to administer medication and we found

that the medication administering process was safe.

During the inspection we witnessed the staff rapport with the people who used the service and the positive interactions that took place. The staff were caring, positive, encouraging and attentive when communicating and supporting people.

People were actively encouraged to participate in activities that were well thought out, organised, and included outings, baking and regular entertainers. We saw staff spending their time positively engaging with people as a group and on a one to one basis in activities. We saw evidence that people were supported to go out and be active in their local community.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a varied selection of drinks and snacks. The daily menu that we saw offered choices and it was not an issue if people wanted something different.

We saw a complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services if they needed it.

We found an effective quality assurance survey took place regularly and we looked at the results. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views at meetings.

## 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 ●

This service was safe.

There were sufficient staff to safely cover the lay out of the building and the needs of the people using the service.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures.

Medicines were managed, reviewed and stored safely.

### Is the service effective?

Good ●

This service was effective.

People could express their views about their health and quality of life outcomes. These were taken into account in the assessment of their needs and the planning of their care.

Staff were offered internal development opportunities.

Staff were regularly supervised and appropriately trained and had the skills and knowledge to meet people's assessed needs, preferences and choices.

The service understood the requirements of the Mental Capacity Act 2005, its Codes of Practice and Deprivation of Liberty Safeguards, and put them into practice to protect people.

People were protected from discrimination and their human rights were protected.

### Is the service caring?

Good ●

This service was caring.

People and their families were valued and treated with kindness

and compassion and their dignity was respected.

Care staff were knowledgeable of, and had access to advocacy services to represent the people who used the service.

People were understood and had their individual needs met, including needs around social isolation, age and disability.

Staff showed consistent concern for people's wellbeing. People had the privacy they needed and were treated without exception with dignity and respect at all times.

**Is the service responsive?**

**Good** ●

During the inspection we could see there were organised activities going on and we observed people enjoying a quiz and afternoon tea with music. We were able to talk with people about the activities and one of the people using the service told us; "I've been here for a long time and the best thing is what's going on, the quizzes, games, and going out on trips." One relative told us, "I like the activities that are on for people, there's always something on. They do this really well getting people motivated and mixing with each other and not off in their own little world - but joining in."

During our inspection we saw people who used the service singing and dancing and enjoying the entertainer. We saw that people were involved in planning the activities and regular residents meeting were held to discuss and organise activities. We could see that there was a range of activities planned for people to choose from including: bingo, outings, flower arranging, baking, music and games. The people who used the service and the staff told us about the relationship they had with the local church and how they visited them to watch their pantomime. This meant people were protected from social isolation and were encouraged to remain involved and part of their wider community.

When we spoke with the activity co-ordinator they told us how they involved people in the planning of the sessions and how they engaged people who could be reluctant to join in at times. They told us "We have a game called 'smell lotto' everyone can take part and it has different smells and it gets people talking and remembering things like coal fires and what it was like for people. We had chicks in an incubator and we are getting them again it was so popular." We asked if activities took place when they co-ordinator was not in and we were made aware of games and dvds but nothing was co-ordinated. One member of staff told us, "It's the only thing that needs to be better here and that

is the lack of activities on a weekend. When there is nothing on people are more likely to stay in their room." The staff member assured us that this would be discussed at the next team meeting.

The care plans that we looked at were person centred and were in an easy read format. The care plans gave in depth details of the person's likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual's personality, preferences and choices. The care plan held a 'one page profile' that listed all that you would need to know to care for that person in a person centred way. Peoples histories were also recorded in the care plans in a 'this is my life' document that was easy to follow and included photographs.

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw that people's care plans included photos, pictures and were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives. One relative told us "I know about the care plan and I attended the meetings with the social worker and the manager."

When we asked the staff and relatives if they knew how to raise complaints one relative told us, "I can always raise a complaint or issue with the manager and I have done." We could also see that issues raised by relatives in the residents meetings were taken on board and one relative told us, "If there are any issues we take them straight to the office to the manager and they're addressed." This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed. When we looked at the complaints and compliments file we found that there were a number of compliments held in a 'thankyou book'. The service had received complaints and we were able to see that these had been dealt with appropriately and outcomes were recorded.

A handover procedure was in place and we were given an example of a handover by the registered manager and saw how the completed record helped the staff at the end of their shift. Staff said that communication between staff was good within the service. The handover covers each person and included their daily patterns any wellbeing issues, potential risks, visits or appointments and was clearly recorded and complete. This showed us that communication between shifts was in place.

## Is the service well-led?

Good 

This service was well led.

The manager had a strong leadership approach that focussed on fairness and supported transparency and an open culture.

Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There were effective quality assurance systems in place to continually review the service including safeguarding concerns, accidents and incidents. Investigations into whistleblowing, safeguarding, complaints/concerns and accidents/incidents were thorough.

There were good community links and partnership approaches to tackling social isolation and inclusion.

# The Gardens Care Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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 11 and 12 February 2016 and was unannounced. This meant that the service were not expecting us. The inspection team consisted of one Adult Social Care inspector and an inspection manager. At the inspection we spoke with five people who used the service, two relatives, the registered manager, the activities co-ordinator, two senior staff, two care staff, kitchen staff and laundry staff.

Before we visited the home we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including; the local authority commissioners and no concerns were raised by these professionals.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

We also reviewed records including; staff recruitment files, medication records, safety certificates, care plans and records relating to the management of the service such as audits, surveys, and minutes of meetings, newsletters and policies.



# Is the service safe?

## Our findings

The people who used the service that we spoke with told us they felt safe living at The Gardens care home. One person who used the service told us "I don't feel insecure here or unsafe, the staff make me feel safe." One relative told us, "I know that the staff keep an eye on [name] they do two hourly checks, I know because I've seen them do this. I know [name] is safe."

The service also had policies and procedures for safeguarding adults and we saw these documents were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to make sure that people were protected from abuse. Together with the comments we received during the inspection this showed us that people felt safe and were happy.

The staff we spoke with were aware of who to contact to make safeguarding referrals to or to obtain advice from. We saw that safeguarding was a regular team meeting agenda item. Staff told us that they had received safeguarding training within the last three years. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "I would always raise any safeguarding issues to the manager or a senior, I have no problem doing that." This showed us that staff were informed and confident to react to safeguarding issues.

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues. We also saw that a personal emergency evacuation plan (PEEP) was in place for people who used the service. PEEPs provided staff with information about how they could ensure an individual's safe evacuation from the premises in the event of an emergency.

We saw records of maintenance and monthly health and safety checks for the equipment used in the home to support this. We also saw records of other routine maintenance checks carried out within the home. These included regular portable appliance testing (PAT) checks of electrical equipment, water temperatures, room temperatures and cold water storage. This showed that the provider had in place appropriate maintenance systems to protect staff and the people who used the service against the risks of unsafe or unsuitable premises or equipment.

Regular fire alarm testing was carried out by the maintenance worker in the home and we saw the records that recorded this along with; fire door checks, fire alarm testing, escape routes, fire extinguisher checks, water testing, gas safety checks and emergency lighting testing.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people's needs such as; nutrition, falls, and skin care. This meant staff had clear guidelines to follow to mitigate risks. The activities co-ordinator told us "We use different scissors to be safe and adjust activities to make them safer for people."

We looked at the arrangements that were in place for managing accidents and incidents and preventing the

risk of re-occurrence. The registered manager showed us this system and explained the levels of scrutiny that all incidents, accidents and safeguarding concerns were subjected to within the home. They showed us how actions had been taken to ensure people were immediately safe.

The staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults.

On the day of our inspection there were 53 people using the service. We found the layout of the home was spread over two floors. On each floor there were bedrooms which were personalised. The service also had a number of shared lounge areas for people to use. On the ground floor there was a dining area, a small lounge, a conservatory and a larger lounge for everyone to access and they were all used regularly for events. We saw that the larger lounge was the most popular and people tended to gather there but quizzes took place in the smaller area. We could see that people could access all areas safely and assistance was available when needed.

We spoke with the registered manager about staffing levels, they told us they were using a dependency model and explained how this was calculated on a monthly basis but that they brought extra staff in when needed. They explained how the dependency tool worked out how many staff were required to care for people based on the numbers of people using the service and their needs. The registered manager explained how they do use agency staff but tried to keep this to a minimum and had procedures in place for agency staff to familiarise themselves with the people who use the service and the building. Agency staff were issued with a brief overview of each person that highlighted any issues or major risks they needed to be immediately aware of.

During the inspection we observed two senior staff members administer the medication. We discussed all aspects of medicines with the senior staff, who demonstrated a thorough knowledge of policies and procedures and a good understanding of medicines in general. We saw that the controlled drugs cabinet was locked and securely fastened to the wall. We saw the medicine fridge daily temperature record. All temperatures recorded were within the 2-6 degrees guidelines. We saw the medication records which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly and were up to date. We audited the controlled drugs prescribed for two people; we found both records to be accurate. Controlled drugs were checked at the handover of each shift.

We noted that within the Medicines Administration Record (MAR) there were different codes used when medicines were refused or when 'as required' (PRN) was not given. We raised this with the senior staff and the registered manager who assured us that a more consistent approach would be adopted. The senior staff member offered a person centred approach to administering medicines and they knew how people preferred to receive their medicine for example; if they needed a drink or if they wanted them in their hand or a cup. Although this was happening it wasn't recorded in the MARS for other staff to follow. We brought this up with the registered manager who assured us that this would be added to the MAR for future reference.

We observed the administering of medicines and saw that the staff were professional in their conduct. The application of prescribed topical medicines, such as creams, was clearly recorded on a body map. This was

stored with the Medication Administration Record (MAR) sheet and in the care plans showing the area affected and the type of cream prescribed. Records were signed appropriately indicating the creams had been applied at the correct times.

We saw there was evidence of sample signatures of staff administering medicines. There was also a copy of the home's policy on administration, and 'as and when required' medication protocols. These were readily available within the MARs folder so staff could refer to them when required. Each person receiving medicines had a photograph identification sheet and preferred method of administration documented. All medicines for return to the pharmacy, were disposed of safely in storage box, and recorded.

We found there were effective systems in place to reduce the risk and spread of infection. We found all areas including the laundry, kitchen, bathrooms, lounges and bedrooms were clean, pleasant and odour-free. Staff made use of protective clothing and equipment and were trained in infection control.

# Is the service effective?

## Our findings

During this inspection we found there was enough skilled and experienced staff to meet people's needs. One relative told us, "The staff have a lot of experience." A member of staff told us, "There is always training on offer, you just put yourself forward."

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed an in house induction training package and the 'Skills for Care' induction training to gain the relevant skills and knowledge to perform their role. Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through staff supervisions and appraisals and we saw this in five staff supervision files.

We saw the staff training files and the training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses included; End of life care, mental capacity, safeguarding, medication, diabetes awareness, food safety, focus on under nutrition and also vocational training for personal development and we could also see that some staff their NVQ (National Vocational Qualification) Level two and three in health and social care. The Gardens have their own dedicated training and quality assurance officer to manage staff training.

We saw staff meetings took place regularly. During these meetings staff discussed the support they provided to people and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. One member of care staff told us, "We have staff meetings once a month and we can request more, but if we want to discuss something we can do it at the handover too."

Individual staff supervisions were planned in advance and the registered manager had a reminder system in place and clear record of who had received their supervision. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to raise concerns and discuss personal development.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered a selection of drinks and afternoon tea with cakes and snacks with support to have them if needed. Drinks were also out in people's rooms and jugs of juice were out in communal areas for people to access. The menu that we looked at was balanced and offered two choices at every meal and was compiled with the people who used the service to reflect their favourite meals. We could see that if a person didn't want what was on the menu or even changed their mind that this wasn't a problem and other options could be arranged.

Meal times were offered at two different times and this was arranged as some people preferred a more quiet dining experience and others preferred to have theirs in their room while watching their favourite TV

programmes and these preferences were respected. We also saw evidence of consultation that took place with the people who use the service to gain their feedback on the meal times and the decision to have two sittings.

The inspection team observed people having their lunch in the dining room. We could see that there were enough staff available to support people and staff were encouraging and supporting people who needed assistance. The atmosphere in the dining area was relaxed and the people who used the service were enjoying their lunch, chatting to staff and giving positive feedback. We observed one person request a different meal this wasn't a problem and the staff changed the meal straight away. One person told us "There is always a choice they always have a good balance of nutrients. They serve a lot of meals they do really well." Another told us "I have a smaller plate it helps, I don't eat much. I'm having something different today."

From looking at people's care plans we could see that the MUST (Malnutrition Universal Screening Tool) focus on undernutrition was in place, completed and up to date. This meant that people's nutritional needs were monitored. Food and fluid intake records were used when they were needed. We saw that special diets were managed and the kitchen staff had up to date information of people's needs on display in the kitchen on a large white board that was updated weekly.

We saw that people's weight was managed and was recorded regularly. Where supplements or other changes to diet were required this was also recorded individually. There were people receiving supplements and these were recorded effectively. When we asked the kitchen staff how they prepared different meals for individuals they were knowledgeable and showed us the thickeners they used for pureed food and also supplements used to fortify meals.

CQC is required by law to monitor the application of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 sets out what must be done to make sure that the rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authorisation to do so.

There was a number of people who used the service who had a DoLS in place and applications had gone to the local authority for processing at the time of our inspection for others who needed them. We also saw in the staff training matrix that staff had received training on DoLS and the MCA. When we spoke to the registered manager they explained the process they followed that complied with the local authority MCA and DoLS guidance. One staff member told us, "I have done the DoLS training and I have a much better understanding of it all now. The training gave good examples. If a DoLS is granted then we are informed at the handover and it's kept in their care plan. We can always ask if we are unsure." This showed us that the service had provided training that was adding understanding and value to care staff roles."

## Is the service caring?

### Our findings

When we spoke with the people who used the service they told us that the staff were caring, supportive and helped them maintain their independence. One person who used the service told us; "The staff look after me well, I do somethings for myself and then the staff help me with the rest." One relative told us, "My relative has a good rapport with the staff, we are happy [name] loves it here." Staff confirmed this and one staff member told us, "We encourage people to wash and dress themselves as much as they can and what ever their preferences are we try and get to know that individual as best we can to support them."

Without exception we saw staff interacting with people in a positive, encouraging, caring and professional way. We spent time observing support taking place in the service. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people and enjoying activities and meals together. There was a quiz taking place at the time of our inspection and an afternoon tea event and we could see that staff were positive and encouraging and the atmosphere was relaxed

When we spoke with relatives we asked them how the staff treated them and their relatives. One person who used the service told us; "The staff really do respect [name] privacy and over all they're very good. I would recommend this home to anyone and in fact I have done. The level of care here is better than good." This showed us that people were supported by very kind, caring and dedicated staff. One staff member told us, "The residents are the best thig about here and walking out of here and knowing I've done a good job from the feedback I get from the residents and their relatives. I get on so well with them."

Staff were motivated and knew the people they were supporting very well and had good relationships with them and their families. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's care plans in the 'this is my life' section. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at all times and told us that this was an important part of their role. One person who used the service told us; "I like to keep myself to myself and I can have my own space when I want it." One member of staff told us " I like to spend time to get to know the families , we support them too."

Where possible, we saw that people were asked to give their consent to their care, before any treatment and support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. We saw that there was a handy information file and leaflets on display for visitors and people who used the service to see that held contacts for advocacy. We also could see that some people already had access to an advocate. This meant people who used the service had access to others who could act on their behalf and in their best interests.

We saw records that showed us a wide range of community professionals were involved in the care and treatment of the people who used the service, such as the advanced nurse practitioner who visited the service daily, dieticians, speech and language therapy and opticians. Evidence was also available to show

people were supported to attend medical appointments.

During our inspection, we saw in people's care plans that people were given support when making decisions about their preferences for end of life care. In people's care records we saw they had made advanced decisions about their care regarding their preference for before, during and following their death. This meant people's physical and emotional needs were being met, their comfort and well-being attended to and their wishes respected. At the time of our inspection there was no one in receipt of end of life care.

## Is the service responsive?

### Our findings

This service was responsive.

People received care and support that reflected their preferences, interests, aspirations and diverse needs.

People and those that mattered to them were actively involved and able to make their views known about their care, treatment and support.

People had a meaningful range of activities to access, that they valued.

People were protected from social isolation and were an active part of the local community.



## Is the service well-led?

### Our findings

At the time of our inspection visit, the home had a registered manager who had been in post in for six years. A registered manager is a person who has registered with CQC to manage the service. One member of staff told us; "I can go to the manager all the time, she is really good, very supportive. I can have support from the manager for work or personal help that affects my work. I can take anything to her. She is really good with the residents too and when we get new people she spends time getting to know them."

The registered manager was qualified, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements with the provider. We saw up to date evidence of inspection records from the company's head office covering; people who used the service – their views/concerns, staffing, suggestions for improvement, meals, complaints, accident and incident analysis, maintenance records, fire safety, admissions, care plans, and social activities.

The staff members we met with spoke very highly of the registered manager and said they were kept informed about matters that affected the service by them. They told us that staff meetings took place on a regular basis and that they were encouraged by the registered manager to share their views. We saw records to confirm this. We could see that the registered manager held regular staff meetings.

We also saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have. The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring systems in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the home. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service.

We discussed partnership working to tackle social isolation with the staff and they told us how they had built a relationship with the local church; "The church come in here and we visit them and go and watch their panto."

The complaints records that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw there had been one recent complaint made and there was evidence that the registered manager had investigated, recorded the complaint and responded appropriately.

We saw the system for self-monitoring included regular internal audits such as accidents, incidents, building, fire safety, control of substances hazardous to health (COSHH), fixtures and fittings, equipment and near misses.

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The service had a positive culture that was person-centred, open, inclusive and empowering. One staff member told us, " It's all about their choice and not what we want, we are here to support them."

The registered manager had robust auditing system both internal and external in place to monitor the service and where improvements were identified the registered manager had developed an action plan to work towards.

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as, Department of Health, Local Authorities and other social and health care professionals. This showed us how the service sustained improvements over time.

We looked at the processes in place for responding to incidents, and accidents. These were all assessed by the registered manager; following this a weekly report was sent to the head office for analysis along with the registered manager's weekly report on the progress of the home. We found the provider reported safeguarding incidents and notified CQC of these appropriately.

We saw all records were kept secure, up to date and in good order, and maintained and used in accordance with the Data Protection Act.